

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on 11 04 2008 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 10 01 2008 through 10 15 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Benjamin Bank

Signature of Treasurer Electronically Filed by Benjamin Bank Date 10 17 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		896421.36
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	954352.61									
(c) Total Receipts (from Line 19)	23963.74	880239.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	978316.35	1776660.88								
7. Total Disbursements (from Line 31)	282617.25	1080961.78								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	695699.10	695699.10								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

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	19493.32	764558.49
(i) Itemized (use Schedule A)	4470.42	86166.09
(ii) Unitemized	23963.74	850724.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23963.74	850724.58
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	29514.94
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))	23963.74	880239.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	23963.74	880239.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	2.00	26883.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2.00	26883.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	82500.00	755000.00
24. Independent Expenditure (use Schedule E)	200115.25	276808.25
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	22270.00
(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	22270.00
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))..	282617.25	1080961.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	282617.25	1080961.78

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	23963.74	850724.58
34. Total Contribution Refunds (from Line 28(d))	0.00	22270.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23963.74	828454.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2.00	26883.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2.00	26883.53

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

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

FOR LINE NUMBER: PAGE 6 / 34
(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)
Reginald George Ariyasu
Mailing Address 3467 Stoner Avenue
City Los Angeles State CA Zip Code 90066-2819
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 10 / 03 / 2008
Transaction ID: D8WFSY753115
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. 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 10 / 06 / 2008
Transaction ID: 4YDRWX707304
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Rajendra Bansal
Mailing Address 105 Stevens Avenue
City Mount Vernon State NY Zip Code 10550-2686
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 10 / 10 / 2008
Transaction ID: 1PMG6W324443
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Suite 301
9800 Lile Drive

City State Zip Code
Little Rock AR 72205-6230

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: D8WFSY654706

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
H Culver Boldt

Mailing Address 200 Hawkins Drive

City State Zip Code
Iowa City IA 52242-1009

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 1PMG6W471473

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 4265 Cherry Hill Drive East

City State Zip Code
Orchard Lake MI 48323

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 8

Transaction ID: 7F4EE688-C847-498A-

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 514 34th Ave

City State Zip Code
Seattle WA 98122

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 15 / 2008

Transaction ID: 28208120-D056-4EB9-

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Scott Corin

Mailing Address 9154 Taverna Way

City State Zip Code
Boynton Beach FL 33437

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 10 / 2008

Transaction ID: 57AEFF7B-7CDE-45AD-

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Francis Depenbusch

Mailing Address 1708 East 23rd Street

City State Zip Code
Hutchinson KS 67502-1114

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
10 / 10 / 2008

Transaction ID: 1PMG6W293223

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 2365.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 34
	<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) Michael Diesenhouse		Date of Receipt MM / DD / YYYY 10 / 02 / 2008		
	Mailing Address 4991 N. Circulo Sobrio		Transaction ID: A3F53EF9-3631-4958-		
	City Tucson	State AZ	Zip Code 85718	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 self		Occupation Ophthalmologist		

B.	Full Name (Last, First, Middle Initial) Randy Ennen		Date of Receipt MM / DD / YYYY 10 / 03 / 2008		
	Mailing Address PO Box 11605		Transaction ID: D8WFSY748613		
	City Fort Smith	State AR	Zip Code 72917-1605	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer self self		Occupation Ophthalmologist		

Batch Tool - PAC

C.	Full Name (Last, First, Middle Initial) Robert Fechtner		Date of Receipt MM / DD / YYYY 10 / 06 / 2008		
	Mailing Address Suite 6100 90 Bergen Street		Transaction ID: 4YDRWX476151		
	City Newark	State NJ	Zip Code 07103-2425	Amount of Each Receipt this Period 465.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 465.00		
	Name of Employer self self		Occupation Ophthalmologist		

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1330.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 34
(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)
Lisa Gamell

Mailing Address Mdc 21
12901 Bruce B Downs Boulevard

City Tampa State FL Zip Code 33612-4742

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 06 / 2008
Transaction ID: 4YDRUR758384
Amount of Each Receipt this Period: 500.00
Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Allen Greenbaum

Mailing Address 170 Maple Avenue

City White Plains State NY Zip Code 10601-4710

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 13 / 2008
Transaction ID: 87JRKY271463
Amount of Each Receipt this Period: 250.00
Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Herb Greenman

Mailing Address 671 Raya Court

City Charlotte State NC Zip Code 28204

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 05 / 2008
Transaction ID: 614931F9-C23D-4CD0-
Amount of Each Receipt this Period: 300.00

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 11 / 34
	(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) Roy Hager		Date of Receipt MM / DD / YYYY 10 / 06 / 2008
	Mailing Address 4255 Carmichael Court N		Transaction ID: 4YDRWX465859
	City Montgomery	State AL	Zip Code 36106-2875
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
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) George Harocopos		Date of Receipt MM / DD / YYYY 10 / 10 / 2008
	Mailing Address 660 S Euclid Avenue		Transaction ID: 1PMG6W148814
	City St. Louis	State MO	Zip Code 63110-1010
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
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) Sarah Hays		Date of Receipt MM / DD / YYYY 10 / 08 / 2008
	Mailing Address Suite 220 1 W Lakeshore Drive		Transaction ID: 4f59a81c12ad2128e7c2
	City Birmingham	State AL	Zip Code 35209-7271
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer self 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 ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	▶	980.00
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 12 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Mark Hughes	Date of Receipt MM / DD / YYYY 10 / 11 / 2008
	Mailing Address Suite 600 50 Staniford Street	Transaction ID: 4a50894ca086c168b9d9
	City Boston State MA Zip Code 02114-2539	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2916.62	

B.	Full Name (Last, First, Middle Initial) Michael Kelly	Date of Receipt MM / DD / YYYY 10 / 14 / 2008
	Mailing Address # 200 10321 Lumley Road	Transaction ID: AY0482347695
	City Raleigh State NC Zip Code 27617-8640	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Jason Levine	Date of Receipt MM / DD / YYYY 10 / 04 / 2008
	Mailing Address 5790 N Camino De La Sombra	Transaction ID: 43deaa68ab4a82affbc7
	City Tucson State AZ Zip Code 85718-3919	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	881.66
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 13 / 34
(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)
Jay Harris Levy

Mailing Address 184 Northeast 168th Street

City North Miami Beach State FL Zip Code 33162-3412

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2008

Transaction ID: AY0482017625

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

B.

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

Mailing Address 2725 E 29th Street

City Bryan State TX Zip Code 77802-2504

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 09 / 2008

Transaction ID: C1W8FB771287

Amount of Each Receipt this Period 25.00

Batch Tool - PAC

C.

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

Mailing Address po 18665

City rochester State NY Zip Code 14618

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 10 / 2008

Transaction ID: B4DC532C-75B9-44EA-

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1525.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 34
(check only one)

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

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

A.

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

Mailing Address 3714 N Roosevelt Boulevard

City State Zip Code
Key West FL 33040-4533

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 1PMG6W461885

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

B.

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

Mailing Address 740 Waukegan Road Suite 360

City State Zip Code
Deerfield IL 60015-4472

FEC ID 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
1 0 / 0 3 / 2 0 0 8

Transaction ID: D8WFSY733203

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Michael Edward Migliori

Mailing Address Suite 301
120 Dudley Street

City State Zip Code
Providence RI 02905-2429

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 8

Transaction ID: 4a68aa59c5406e747f1e

Amount of Each Receipt this Period
250.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **865.00**

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 15 / 34
	<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) Michael Millstein		Date of Receipt
	Mailing Address 24275 woodside		<input type="text" value="10"/> / <input type="text" value="08"/> / <input type="text" value="2008"/>
	City beachwood	State OH	Zip Code 44122
	FEC ID number of contributing federal political committee. C		Transaction ID: F2F8E64E-14AC-4A4E-
	Amount of Each Receipt this Period		<input type="text" value="15.00"/>
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 ▼ <input type="text" value="365.00"/>	

B.	Full Name (Last, First, Middle Initial) Michael Novak		Date of Receipt
	Mailing Address 4725 Maidstone Drive		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2008"/>
	City Brecksville	State OH	Zip Code 44141-1776
	FEC ID number of contributing federal political committee. C		Transaction ID: C1W8FE794049
	Amount of Each Receipt this Period		<input type="text" value="300.00"/>
Name of Employer self		Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

C.	Full Name (Last, First, Middle Initial) Carey Robinson		Date of Receipt
	Mailing Address 1960 Electric Road		<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City Roanoke	State VA	Zip Code 24018-1601
	FEC ID number of contributing federal political committee. C		Transaction ID: D8WFR1649028
	Amount of Each Receipt this Period		<input type="text" value="300.00"/>
Name of Employer self		Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="615.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

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

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

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

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

Mailing Address Division Ped Opth Suite 220
600 Northern Boulevard

City State Zip Code
Great Neck NY 11021

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
10 / 10 / 2008

Transaction ID: 1PMG6W318655

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Bryan Rutledge

Mailing Address Retina Vitreous Surgeons
3107 E Genesee Street

City State Zip Code
Syracuse NY 13224

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
10 / 03 / 2008

Transaction ID: D8WFRI678347

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 845 Beverly Place

City State Zip Code
Deerfield IL 60015-3441

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2008

Transaction ID: 4YDRUR966500

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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 17 / 34
	<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) Delia Sang	Date of Receipt MM / DD / YYYY 10 / 11 / 2008
	Mailing Address 73 Chatham Street	Transaction ID: 46518844d7304b5c8bdd
	City State Zip Code Brookline MA 02446-5451	Amount of Each Receipt this Period 416.66
	FEC ID number of contributing federal political committee. C	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2916.62	

B.	Full Name (Last, First, Middle Initial) Joel Schuman	Date of Receipt MM / DD / YYYY 10 / 02 / 2008
	Mailing Address 5416 Darlington Road	Transaction ID: 9E4DB6D8-28F9-4F32-
	City State Zip Code Pittsburgh PA 15217	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: <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) Richard Seeger	Date of Receipt MM / DD / YYYY 10 / 03 / 2008
	Mailing Address 1015 Ridge Road	Transaction ID: D8WFSY377246
	City State Zip Code Webster NY 14580-2907	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	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)	▶	1016.66
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 18 / 34
(check only one)

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

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

A.

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

Mailing Address 1030 Fairfax Park

City Tuscaloosa State AL Zip Code 35406

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 08 / 2008

Transaction ID: 337D72B7-78D7-4467-

Amount of Each Receipt this Period 365.00

B.

Full Name (Last, First, Middle Initial)
Rashid Taher

Mailing Address 184 Northeast 168th Street

City North Miami Beach State FL Zip Code 33162-3412

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 14 / 2008

Transaction ID: AY0482776666

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

C.

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

Mailing Address 1182 E. 450 North

City Kaysville State UT Zip Code 84037

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 09 / 2008

Transaction ID: 3965AE3F-CCD2-4DAB-

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1165.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 34
	<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) W Lee Wan		Date of Receipt MM / DD / YYYY 10 / 14 / 2008		
	Mailing Address Suite 200 1700 N Rose Avenue		Transaction ID: AY0482134917		
	City Oxnard	State CA	Zip Code 93030-3791	Amount of Each Receipt this Period 625.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00			

B.	Full Name (Last, First, Middle Initial) George Williams		Date of Receipt MM / DD / YYYY 10 / 06 / 2008		
	Mailing Address 3535 W 13 Mile Road		Transaction ID: 4YDRUR354164		
	City Royal Oak	State MI	Zip Code 48073-6770	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00			

C.	Full Name (Last, First, Middle Initial) Matthew Yeomans		Date of Receipt MM / DD / YYYY 10 / 06 / 2008		
	Mailing Address 1287 Silverwood Drive		Transaction ID: 4YDRUR751418		
	City Okemos	State MI	Zip Code 48864-3093	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	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)	▶	2625.00
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 / 34
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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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 Zeigen		Date of Receipt																					
	Mailing Address Suite 202-B 130 Almshouse		<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>1</td><td>0</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	3		2	0	0	8														
	City State Zip Code Richboro PA 18954-1130		Transaction ID: D8WFR1546082																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer self Occupation self Ophthalmologist		Batch Tool - PAC																						
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) Scott Zeigen		Date of Receipt																					
	Mailing Address 130 Almshouse Road Suite 202B		<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>1</td><td>0</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	7		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	7		2	0	0	8														
	City State Zip Code Richboro PA 18954		Transaction ID: 47CF8425-AB31-40CB-																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																						
Name of Employer self Occupation self Ophthalmologist		Batch Tool - PAC																						
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)	1000.00
TOTAL This Period (last page this line number only)	19493.32

**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 21 / 34

<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)

AAO

Mailing Address 655 Beach St.

City
San Francisco

State
CA

Zip Code
94109

Purpose of Disbursement
Refund of DDC test transaction

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: V59907-2772180438041

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

2.00

SUBTOTAL of Disbursements This Page (optional)

2.00

TOTAL This Period (last page this line number only)

2.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 34

<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) Blaine for Congress, Inc. <hr/> Mailing Address PO Box 1526 <hr/> City Columbia State MO Zip Code 65205 <hr/> Purpose of Disbursement Contribution General Candidate Name Blaine Luetkemeyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90937-3315088152885 Date of Disbursement 10 / 03 / 2008
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Contribution
B. Full Name (Last, First, Middle Initial) Braley for Congress <hr/> Mailing Address PO Box 390 <hr/> City Waterloo State IA Zip Code 50704 <hr/> Purpose of Disbursement Contribution Candidate Name Bruce Braley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90937-7786065936088 Date of Disbursement 10 / 03 / 2008
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Contribution
C. Full Name (Last, First, Middle Initial) Colorado Democratic Party <hr/> Mailing Address 777 Santa Fe Drive <hr/> City Denver State CO Zip Code 80204 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 90937-6980707049369 Date of Disbursement 10 / 03 / 2008
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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 24 / 34

<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) Continuing a Majority Party Action Committee (Campac)		Transaction ID: 71250-3139612078666	
	Mailing Address 5915 Eastman Avenue Suite 100		Date of Disbursement 10 / 15 / 2008	
	City Midland	State MI	Zip Code 48640	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contribution		011 Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2008		Disbursement For: 2008		
State: District:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
Contribution				
B.	Full Name (Last, First, Middle Initial) Courtney for Congress		Transaction ID: 90937-3620416522026	
	Mailing Address 38 Risley Road		Date of Disbursement 10 / 03 / 2008	
	City Vernon	State CT	Zip Code 06066	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution General		011 Category/ Type	
Candidate Name Joseph D. Courtney		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2008		Disbursement For: 2008		
State: CT District: 02		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Contribution				
C.	Full Name (Last, First, Middle Initial) Dave Camp for Congress 2008		Transaction ID: 71250-5312158465385	
	Mailing Address 5915 Eastman Ave. Suite 100 5915 Eastman Ave. Suite 100		Date of Disbursement 10 / 15 / 2008	
	City Midland	State MI	Zip Code 48640	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement 2008 General		011 Category/ Type	
Candidate Name Dave Camp		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2008		Disbursement For: 2008		
State: MI District: 04		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Contribution				

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

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

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

FOR LINE NUMBER: (check only one)

<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 Mailing Address 15749 E El Lago City Fountain Hills State AZ Zip Code 85268 Purpose of Disbursement Contribution General 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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90937-2183038592338 Date of Disbursement 10 / 03 / 2008 Amount of Each Disbursement this Period 5000.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Democracy Believers Political Action Committee (Db Pac) Mailing Address 1155 21st Street NW Suite 300 City Washington State DC Zip Code 20036 Purpose of Disbursement void ck reported in March Monthly Report Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 04788-02480715513229 Date of Disbursement 10 / 13 / 2008 Amount of Each Disbursement this Period -2500.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Democratic Party of New Mexico Mailing Address 1301 San Pedro Blvd. NE City Albuquerque State NM Zip Code 87110 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 90937-9861719012260 Date of Disbursement 10 / 03 / 2008 Amount of Each Disbursement this Period 5000.00 011 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 26 / 34

<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) Diana Degette for Congress Inc. <hr/> Mailing Address PO Box 61337 <hr/> City Denver State CO Zip Code 80206 <hr/> Purpose of Disbursement void check reported in March Monthly Rep Candidate Name Diana L. DeGette <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 04788-20777529478073 Date of Disbursement 10 / 13 / 2008 <hr/> Amount of Each Disbursement this Period -5000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01
B. Full Name (Last, First, Middle Initial) Gerry Connolly for Congress <hr/> Mailing Address PO Box 563 <hr/> City Merrifield State VA Zip Code 22116 <hr/> Purpose of Disbursement Contribution General Candidate Name Gerry Connolly <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90937-8474237322807 Date of Disbursement 10 / 03 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11
C. Full Name (Last, First, Middle Initial) John Bocchieri for Congress <hr/> Mailing Address PO Box 3016 <hr/> City Alliance State OH Zip Code 44601 <hr/> Purpose of Disbursement 2008 General Candidate Name John A. Bocchieri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71250-7917444109916 Date of Disbursement 10 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 34

<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) John Lewis for Congress <hr/> Mailing Address 303 Peachtree Street, NE Suite 5300 <hr/> City Atlanta State GA Zip Code 30308 <hr/> Purpose of Disbursement Void ck reported in June Monthly Report Candidate Name John Lewis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 04788-88712710142136 Date of Disbursement 10 / 13 / 2008 <hr/> Amount of Each Disbursement this Period -1000.00
	011 Category/ Type
B. Full Name (Last, First, Middle Initial) John Shadeggs Friends <hr/> Mailing Address PO Box 45444 <hr/> City Phoenix State AZ Zip Code 85064 <hr/> Purpose of Disbursement 2008 General Candidate Name John Shadegg <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71250-7647363543510 Date of Disbursement 10 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
C. Full Name (Last, First, Middle Initial) Kirk for Congress <hr/> Mailing Address PO Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement Contribution General Candidate Name Mark Steven Kirk <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 81006-6597864031791 Date of Disbursement 10 / 10 / 2008 <hr/> Amount of Each Disbursement this Period 4000.00
	011 Category/ Type

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) Kirkpatrick for Arizona	Transaction ID: 90937-4224359393119
	Mailing Address PO Box 993	Date of Disbursement 10 / 03 / 2008
	City Prescott State AZ Zip Code 86302	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution General Candidate Name Ann Kirkpatrick	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Klein for Congress	Transaction ID: 90937-7532922625541
	Mailing Address 21301 Powerline Road, Suite 204	Date of Disbursement 10 / 03 / 2008
	City Boca Raton State FL Zip Code 33431	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution General Candidate Name Ron Klein	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Lummis for Congress	Transaction ID: 71250-4725763201713
	Mailing Address 2015 Central Ave. Suite 200	Date of Disbursement 10 / 15 / 2008
	City Cheyenne State WY Zip Code 82001	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 2008 General Candidate Name Cynthia Lummis	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	15000.00
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) Mike McMahon for Congress	Transaction ID: 90937-5925561785697
	Mailing Address 66 Arnold Street	Date of Disbursement 10 / 03 / 2008
	City Staten Island State NY Zip Code 10301	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution General Candidate Name Michael E. Mr. McMahon	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Nebraska Democratic State Central Committee	Transaction ID: 90937-2147485613822
	Mailing Address 1327 H Street Suite 200 Suite 201	Date of Disbursement 10 / 03 / 2008
	City Lincoln State NE Zip Code 68508	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Nevada State Democratic Party	Transaction ID: 90937-6958429217338
	Mailing Address 409 Horn Street	Date of Disbursement 10 / 03 / 2008
	City Las Vegas State NV Zip Code 89107	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	15000.00
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) New Jersey Democratic State Committee <hr/> Mailing Address 196 West State Street <hr/> City Trenton State NJ Zip Code 08608 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 71250-2567712664604 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee <hr/> Mailing Address PO Box 8331 <hr/> City Fremont State CA Zip Code 94537 <hr/> Purpose of Disbursement Void ck reported in May Monthly Report Candidate Name Fortney H. Pete Stark <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 04788-54484194517136 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 8
	Amount of Each Disbursement this Period -1000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Porter for Congress <hr/> Mailing Address 7840 Red Leaf Drive <hr/> City Las Vegas State NV Zip Code 89131 <hr/> Purpose of Disbursement 2008 General Candidate Name Jon Christopher Porter, Sr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71250-1933709979057 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Price for Congress Mailing Address PO Box 425 City Roswell State GA Zip Code 30077 Purpose of Disbursement Contribution General Candidate Name Thomas E. Price Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90937-6845209002494 Date of Disbursement 10 / 03 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Red Rooster Leadership Pac Mailing Address 228 S Washington St Ste 115 City Alexandria State VA Zip Code 22314 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 71250-2861444354057 Date of Disbursement 10 / 15 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Voice for Freedom Mailing Address 2814 Spring Road Ste. 103 City Atlanta State GA Zip Code 30339 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 90937-1110193133354 Date of Disbursement 10 / 03 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

82500.00

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
PoliticsHQ

Mailing Address
377 Park Avenue South
4th Floor

City State Zip Code
New York NY 10016

Purpose of Expenditure
Radio commercial and media buy - Udall

Category/Type

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Mark E. Udall

Calendar Year-To-Date Per Election for Office Sought 100000.00

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

Amount
100000.00

Transaction ID: V55321-9476282000541

Office Sought: House State: CO
 Senate District: _____
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

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

Mailing Address
1101 Pennsylvania Ave. NW
Fifth Floor

City State Zip Code
Washington DC 20004

Purpose of Expenditure
Count on John TV ad

Category/Type

Name of Federal Candidate supported or Opposed by expenditure:
Sen. John H. Adler

Calendar Year-To-Date Per Election for Office Sought 98915.25

Date
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Amount
92995.25

Transaction ID: V71250-6622278094291

Office Sought: House State: NJ
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	192995.25
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

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.

Benjamin Bank
Signature

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

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
Mullen & Company

Mailing Address
1101 Pennsylvania Ave. NW
Fifth Floor

City	State	Zip Code
Washington	DC	20004

Purpose of Expenditure Radio spot for Gabrielle Giffords	Category/Type
---	---------------

Name of Federal Candidate supported or Opposed by expenditure:
Rep. Gabrielle Giffords

Calendar Year-To-Date Per Election for Office Sought	44200.00
--	----------

Date
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Amount
1200.00

Transaction ID: V71250-4520837664604

Office Sought: House State: AZ
 Senate District: 08
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

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

Mailing Address
1101 Pennsylvania Ave. NW
Fifth Floor

City	State	Zip Code
Washington	DC	20004

Purpose of Expenditure TV Buy for Adler	Category/Type
--	---------------

Name of Federal Candidate supported or Opposed by expenditure:
Sen. John H. Adler

Calendar Year-To-Date Per Election for Office Sought	98915.25
--	----------

Date
M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Amount
5920.00

Transaction ID: V71250-8866235613823

Office Sought: House State: NJ
 Senate District: 03
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2008

(a) SUBTOTAL of Itemized Independent Expenditures	7120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	200115.25

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.

Benjamin Bank _____ Date M M / D D / Y Y Y Y
Signature 1 0 / 1 7 / 2 0 0 8

Image# 28992648146

Form/Schedule: **F3XN**
Transaction ID:

None of the Independent Expenditures reported on Schedule E have aired as of 10/15/08.
