

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 05 01 2010 through 05 31 2010

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

Signature of Treasurer Electronically Filed by Steven Rausch Date 11 22 2010

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

Office Use Only **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	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

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	956881.55									
(c) Total Receipts (from Line 19)	56782.62	429217.25								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1013664.17	1204267.23								
7. Total Disbursements (from Line 31)	49362.08	239965.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	964302.09	964302.09								
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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

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)	40156.99	341363.58
(ii) Unitemized	10959.72	78279.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)	51116.71	419643.43
(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)	51116.71	419643.43
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	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	665.91	4573.82
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))	56782.62	429217.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	56782.62	429217.25

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.....	3639.74	9379.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3639.74	9379.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	43500.00	227000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2222.34	3585.34
(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))	2222.34	3585.34
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))..	49362.08	239965.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49362.08	239965.14

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)	51116.71	419643.43
34. Total Contribution Refunds (from Line 28(d))	2222.34	3585.34
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48894.37	416058.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3639.74	9379.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3639.74	9379.80

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 68

(check only one)

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

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

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Thomas Aaberg, Jr.

Mailing Address 2081 Hunters Run Northeast

City State Zip Code
Ada MI 49301-9559

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 ▼ 615.00

Date of Receipt

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

Transaction ID: 49F5838DA00BFD7E69D6

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)

Richard Abbott

Mailing Address Ucsf Beckman Vision Center
10 Koret Way K-301

City State Zip Code
San Francisco CA 94143-0001

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

Name of Employer Self Occupation
Self Ophthalmologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 0 / 2 0 1 0

Transaction ID: 43E4811527A45366EB46

Amount of Each Receipt this Period

50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)

Omar Almallah

Mailing Address 20 Mule Road

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 ▼ 449.00

Date of Receipt

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

Transaction ID: 4E2BA61CB1DC81B14C8E

Amount of Each Receipt this Period

50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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 8 / 68

(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)

John Altenburg

Mailing Address Suite 205
6101 Webb Road

City Tampa State FL Zip Code 33615-2865

FEC 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
05 / 07 / 2010

Transaction ID: 89383804E67F497E3EE

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)

David Auerbach

Mailing Address Eye Physicians of Central Florida,
225 West State Road 434 Suite 111

City Longwood State FL Zip Code 32750

FEC 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
05 / 18 / 2010

Transaction ID: 83A4DB1E122DAE88340

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)

Katherine Baltz

Mailing Address 5 Saint Vincent Circle

City Little Rock State AR Zip Code 72205-5415

FEC 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
05 / 03 / 2010

Transaction ID: 1F697C24-3335-413B-

Amount of Each Receipt this Period
1000.00

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: PAGE 9 / 68
(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)
Roger Alfred Barth

Mailing Address Suite 202
160 Heritage Way

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2010

Transaction ID: 43329848D9AE42FD735A

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 2821 Northup Way
Suite 200

City State Zip Code
Bellevue WA 98004-1496

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2010

Transaction ID: 450D9F73256B922F8108

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 101 Mark Drive
PO Box 1077

City State Zip Code
Edenton NC 27932-1778

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: 4B028A57D17D10A827BD

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► **125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 68
(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)
Christopher Blodi

Mailing Address Suite 133
1501 50th Street

City State Zip Code
West Des Moines IA 50266-5920

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
05 / 27 / 2010

Transaction ID: 5407DBA6B0E337E882E

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Louis Blumenfeld

Mailing Address Suite 111
225 W State Road 434

City State Zip Code
Longwood FL 32750-4980

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
05 / 14 / 2010

Transaction ID: CA63FF8639B9800B091

Amount of Each Receipt this Period
365.00

C.

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

Mailing Address Retina Consultations
915 Palmer Road

City State Zip Code
Bronxville NY 10708

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
05 / 09 / 2010

Transaction ID: 4E8E9ACBC6201F184658

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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 11 / 68
	<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) Rodger Bodoia		Date of Receipt MM / DD / YYYY 05 / 03 / 2010
	Mailing Address 215 Lilly Road Northeast		Transaction ID: 7D0D0F5414081E97E46
	City Olympia	State WA	Zip Code 98506-5030
	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) Alan Brackup		Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address #120 1203 Langhorne Newtown		Transaction ID: 966EC17D2AD9A22EB93
	City Langhorne	State PA	Zip Code 19047-1211
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Daniel Buckley		Date of Receipt MM / DD / YYYY 05 / 05 / 2010
	Mailing Address Room 410 1800 Sullivan Avenue		Transaction ID: 44EA8BDB6D17304EFAA0
	City Daly City	State CA	Zip Code 94015-2224
	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 ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	▶	800.00
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 / 68
	<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) John Bullock, Jr.		Date of Receipt MM / DD / YYYY 05 / 02 / 2010
	Mailing Address 400 Westhampton Station		Transaction ID: 4F108D51A1BAF3618012
	City Richmond	State VA	Zip Code 23226-3330
	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 ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Frank Burns		Date of Receipt MM / DD / YYYY 05 / 07 / 2010
	Mailing Address Suite 15 5135 Dixie Highway		Transaction ID: 6B886349E9FA3CFB12F
	City Louisville	State KY	Zip Code 40216-1771
	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) Carlos Buznego		Date of Receipt MM / DD / YYYY 05 / 05 / 2010
	Mailing Address Suite 400E 8940 N Kendall Drive		Transaction ID: 0816112736E3AD40609
	City Miami	State FL	Zip Code 33176-2175
	FEC ID number of contributing federal political committee. 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		

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 13 / 68
(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)
Craig Cassidy

Mailing Address Valley Eye Specialists
160 W University Drive #1

City Mesa State AZ Zip Code 85201

FEC 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 05 / 10 / 2010
Transaction ID: 4EC9AE4F248F86C9B8BA
Amount of Each Receipt this Period 41.67
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address Suite 1
762 Altos Oaks Drive

City Los Altos State CA Zip Code 94024-5435

FEC 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 05 / 11 / 2010
Transaction ID: DEA1BED47B8E0EE73DB
Amount of Each Receipt this Period 1000.00

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

Mailing Address 600 Pavonia Avenue
6th Floor

City Jersey City State NJ Zip Code 07306-2932

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2010
Transaction ID: 4C088C7802817363DB7C
Amount of Each Receipt this Period 100.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ► 1141.67

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 14 / 68
(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)
S. William Clark

Mailing Address 502 Isabella Street

City State Zip Code
Waycross GA 31501-3638

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.30

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 3 / 2 0 1 0

Transaction ID: 4AEF8F5DCC38CCBB5CBC

Amount of Each Receipt this Period
416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address Suite 11
509 S Lenola Road

City State Zip Code
Moorestown NJ 08057-1556

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 4DC68C5020C2FAF5C2C9

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address Suite B
11011 Hefner Pointe Drive

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 1 0

Transaction ID: 460EAEFDB7EFFDA96FC6

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **566.66**

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 15 / 68
(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)
Daniel Day

Mailing Address 8401 Golden Valley Road #330

City State Zip Code
Golden Valley MN 55427-4488

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2010

Transaction ID: B91D166335ABF9DEC2F

Amount of Each Receipt this Period
500.00

B.

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

Mailing Address 8401 Golden Valley Road #330

City State Zip Code
Golden Valley MN 55427-4488

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: 42C099DBFB85AF141368

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 1230 Centre West Drive

City State Zip Code
Springfield IL 62704-2173

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 ▼ 2500.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: 9ABC997C6535E4CF325

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **3050.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 68
(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 Dooner

Mailing Address Austin Retina Assoc
801 W 38th Street

City Austin State TX Zip Code 78705

FEC 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 05 / 05 / 2010

Transaction ID: 442FA3E3C109422C462F

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 985 Matlock Road

City Bowling Green State KY Zip Code 42104-7408

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 10 / 2010

Transaction ID: 4EF883B4FE5EC17A534A

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address Suite 10
3930 Pender Drive

City Fairfax State VA Zip Code 22030-0986

FEC 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 05 / 07 / 2010

Transaction ID: FCBB1E2D363F456157D

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► **465.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 68
	<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) Shehab Ebrahim	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 4717 Woodland Avenue	Transaction ID: 45DA89A5FA2CCC7DBFD2
	City State Zip Code Metairie LA 70002-1361	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 ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) John Thomas Edmonds	Date of Receipt MM / DD / YYYY 05 / 11 / 2010
	Mailing Address Suite 101 3235 Academy Avenue	Transaction ID: 4A36938F064B69C7E4B0
	City State Zip Code Portsmouth VA 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 Self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 449.00	

C.	Full Name (Last, First, Middle Initial) C. Byron Faulkner	Date of Receipt MM / DD / YYYY 05 / 20 / 2010
	Mailing Address 4804 S Bellhurst Avenue	Transaction ID: E8B24BAC016C9A4C983
	City State Zip Code Springfield MO 65804-7594	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	

SUBTOTAL of Receipts This Page (optional)	515.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 18 / 68
(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)
James Felch
Mailing Address 117 Abbotsford Drive
City Nashville State TN Zip Code 37215-2439
FEC 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 05 / 27 / 2010
Transaction ID: 51F5273B432C16104C2
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
John Fitz
Mailing Address PO Box 429
City Farmington State MO Zip Code 63640-0429
FEC 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 05 / 14 / 2010
Transaction ID: 8AD2C069EAFEBDB877D
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Gerald Ford
Mailing Address Suite B 2600 S Rural Road
City Tempe State AZ Zip Code 85282-2448
FEC 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 05 / 03 / 2010
Transaction ID: 85794C1F420696B5A80
Amount of Each Receipt this Period 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 68
	(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

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) C. Stephen Foster		Date of Receipt MM / DD / YYYY 05 / 03 / 2010		
	Mailing Address Suite 8 5 Cambridge Center		Transaction ID: 166065C0FF69CEB9AEA		
	City Cambridge	State MA	Zip Code 02142-1493	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		

B.	Full Name (Last, First, Middle Initial) Mark Fritz		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address 212 N Larkin Avenue		Transaction ID: 8426FEBC2061B642E67		
	City Joliet	State IL	Zip Code 60435-6604	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) Blake Geren		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address 3120 S 57th Street		Transaction ID: F0D26ECAD897A941DC9		
	City Fort Smith	State AR	Zip Code 72903-4720	Amount of Each Receipt this Period 415.00	
	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 ▼ 415.00		

SUBTOTAL of Receipts This Page (optional)	▶	1780.00
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 / 68
(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) Robert Gold		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 1 0
Mailing Address Suite 111 225 W State Road 434		Transaction ID: 0A367306D770729D47B
City Longwood	State Zip Code FL 32750-4980	
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) John Douglas Goosey		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 8 / 2 0 1 0
Mailing Address 6545 Rutgers		Transaction ID: 49F1BC71D160AE8A3B96
City Houston	State Zip Code TX 77005-3850	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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) ▼		

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial) Robert Graham		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 1 0
Mailing Address Seton Health Center 711 W North Avenue Suite 206		Transaction ID: 4D18B03F57A2306F2CDE
City Chicago	State Zip Code IL 60610	
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 ▼ 250.00
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)	515.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 68
(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)
Paul Gulbas

Mailing Address 1201 N Mesa

City State Zip Code
El Paso TX 79902-4517

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 ▼ 750.00

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

Transaction ID: 4E1D849962F63BFC47F3

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 Suite 204
451 Ruin Creek Road

City State Zip Code
Henderson NC 27536-5920

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 ▼ 291.68

Date of Receipt
MM / DD / YYYY
05 / 01 / 2010

Transaction ID: 4EE6BC077912D198AE19

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 Suite 204
451 Ruin Creek Road

City State Zip Code
Henderson NC 27536-5920

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 ▼ 291.68

Date of Receipt
MM / DD / YYYY
05 / 03 / 2010

Transaction ID: 41FFAA6F610E8A0FC48D

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: (check only one)	PAGE 22 / 68
	<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) Lawrence E. Hannon		Date of Receipt
	Mailing Address Suite 170 3545 S Tamarac Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 9 / 2 0 1 0
	City	State	Zip Code
	Denver	CO	80237-1423
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	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"/> 250.00	Transaction ID: 45A48A70435DDC97539D Amount of Each Receipt this Period <input type="text"/> 50.00 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.	Full Name (Last, First, Middle Initial) Richard Hawkins		Date of Receipt
	Mailing Address 1729 New Hanover Medical Park Driv		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 7 / 2 0 1 0
	City	State	Zip Code
	Wilmington	NC	28403-5345
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	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"/> 250.00	Transaction ID: 4A6E987F4321E057C1E9 Amount of Each Receipt this Period <input type="text"/> 50.00 PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.	Full Name (Last, First, Middle Initial) William Haynes		Date of Receipt
	Mailing Address 8 Medical Park Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 1 4 / 2 0 1 0
	City	State	Zip Code
	Asheville	NC	28803-2493
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	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"/> 500.00	Transaction ID: D367624D2E61DADD9F4 Amount of Each Receipt this Period <input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
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 23 / 68
	<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) Jeffrey Heier		Date of Receipt MM / DD / YYYY 05 / 20 / 2010		
	Mailing Address Suite 600 50 Staniford Street		Transaction ID: 4475B61C71A9F9B13404		
	City Boston	State MA	Zip Code 02114-2539	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 ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Michael Hodges		Date of Receipt MM / DD / YYYY 05 / 05 / 2010		
	Mailing Address 4322 Stonegarden Lane		Transaction ID: 4EFD9990D0CC05DBA63D		
	City Newburgh	State IN	Zip Code 47630-3701	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 ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Jeffrey Hudson		Date of Receipt MM / DD / YYYY 05 / 07 / 2010		
	Mailing Address 7232 Engle Road		Transaction ID: ED90597035F2ABD6CAA		
	City Fort Wayne	State IN	Zip Code 46804-2222	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)	▶	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 24 / 68
(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)
Mark Hughes

Mailing Address Suite 600
50 Staniford Street

City Boston State MA Zip Code 02114-2539

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.30

Date of Receipt MM / DD / YYYY
05 / 11 / 2010

Transaction ID: 457E82505F5E87310D9E

Amount of Each Receipt this Period 416.66

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address Suite 201
3101 Southwest College Road

City Ocala State FL Zip Code 34474-7444

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 424C8819BED76CEAA28C

Amount of Each Receipt this Period 100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
W. Jackson Iliff

Mailing Address Rear 7
4 W Rolling Crossroads

City Catonsville State MD Zip Code 21228-6278

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
05 / 30 / 2010

Transaction ID: 4CF8A10C6979DF991843

Amount of Each Receipt this Period 50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **566.66**

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 25 / 68
(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)
Randolph Johnston

Mailing Address 1300 E 20th Street

City Cheyenne State WY Zip Code 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 ▼ 500.00

Date of Receipt 05 / 31 / 2010
Transaction ID: 4B3C9906DCEFB39C6956
Amount of Each Receipt this Period 100.00
PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 5881 E Sapphire Lane

City Paradise Valley State AZ Zip Code 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 ▼ 250.00

Date of Receipt 05 / 20 / 2010
Transaction ID: 427F817F3570EF097B0D
Amount of Each Receipt this Period 50.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 349 E Northfield Road

City Livingston State NJ Zip Code 07039-4802

FEC 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 05 / 03 / 2010
Transaction ID: 360F7FBF87CEDE7A5BA
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 515.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 68
(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) Michael Kass		Date of Receipt MM / DD / YYYY 05 / 03 / 2010	
Mailing Address # 8096 660 S Euclid Avenue		Transaction ID: 246AF3FB064B1718B70	
City St. Louis	State MO	Zip Code 63110-1010	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) Philip Kath		Date of Receipt MM / DD / YYYY 05 / 24 / 2010	
Mailing Address 335 East Parker Road		Transaction ID: 5E7C78D894B4743ECE8	
City Morganton	State NC	Zip Code 28655-5112	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		

C.

Full Name (Last, First, Middle Initial) Mary Frances Kerr		Date of Receipt MM / DD / YYYY 05 / 06 / 2010	
Mailing Address 3600 Colewood Drive		Transaction ID: A64E314B3A5530750B7	
City Nashville	State TN	Zip Code 37215-3259	Amount of Each Receipt this Period 350.00
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 ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	▶	1215.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 68
(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)
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 ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2010

Transaction ID: 4122A3E7CD5AFB26C37B

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Jon Kintner

Mailing Address 3585 Broadway Street

City State Zip Code
North Bend OR 97459-1251

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
05 / 12 / 2010

Transaction ID: 06BA317F15B19954D73

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 21711 Greater Mack Avenue

City State Zip Code
St. Clair Shores MI 48080-2418

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 47F9835419D148F6744C

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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: PAGE 28 / 68
(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)
Robert Klimek

Mailing Address 741 Broad Street Extension

City Waterford State CT Zip Code 06385-1347

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 11 / 2010
Transaction ID: 448FB1D69D2FC63E3F54
 Amount of Each Receipt this Period 50.00
 BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

Full Name (Last, First, Middle Initial)
Dennis Kontra

Mailing Address 5802 Washington Avenue

City Racine State WI Zip Code 53406-4050

FEC 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 05 / 14 / 2010
Transaction ID: 44CF7B3E61157E955C9
 Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Douglas Kopp

Mailing Address 2222 W 24th Street Unit 10

City Plainview State TX Zip Code 79072-1802

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2010
Transaction ID: 422AA4B5413C8E7458D8
 Amount of Each Receipt this Period 50.00
 PACWEB RECURRING CC 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 29 / 68
(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)
Michael Korey

Mailing Address 3982 North Milwaukee Avenue

City State Zip Code
Chicago IL 60641-2703

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2010

Transaction ID: 460FA5793ADBCEEE975

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Wayne Larrison

Mailing Address Suite 402A
46 Prince Street

City State Zip Code
New Haven CT 06519-1600

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
05 / 04 / 2010

Transaction ID: DA1532146F289CB148D

Amount of Each Receipt this Period
500.00

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

Mailing Address Suite A
203 Rue Louis XIV

City State Zip Code
Lafayette LA 70508-5736

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 ▼ 615.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2010

Transaction ID: 4EC78F024C0B332EF1DC

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 68
	<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) Andrew Lewis		Date of Receipt
	Mailing Address 102 Dawn Place		<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 05 / 14 / 2010
	City	State	Zip Code
	Yorktown	VA	23693-3628
	FEC ID number of contributing federal political committee. C		Transaction ID: 0C03D9B5-2CD9-4730-
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00

B.	Full Name (Last, First, Middle Initial) Raymond Liggio		Date of Receipt
	Mailing Address 80 Lindall Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 03 / 2010
	City	State	Zip Code
	Danvers	MA	01923-2135
	FEC ID number of contributing federal political committee. C		Transaction ID: 7B05A625486F7479FC5
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

C.	Full Name (Last, First, Middle Initial) Samuel Lo		Date of Receipt
	Mailing Address Suite 418 1441 Kapiolani Boulevard		<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 05 / 07 / 2010
	City	State	Zip Code
	Honolulu	HI	96814-4400
	FEC ID number of contributing federal political committee. C		Transaction ID: F972DC08697B242782E
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1365.00
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 31 / 68
(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)
Eric Paul Lohse

Mailing Address 1025 S 6th Street

City Springfield State IL Zip Code 62703-2403

FEC 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 05 / 20 / 2010
Transaction ID: 6B9A3A4E37A324C7806
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Solomon C. Luo

Mailing Address 201 E Laurel Boulevard

City Pottsville State PA Zip Code 17901-2534

FEC 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 05 / 03 / 2010
Transaction ID: 8F496F74BF79644C074
Amount of Each Receipt this Period 365.00

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

Mailing Address 8635 W 3rd Street Suite 360W

City Los Angeles State CA Zip Code 90048-6149

FEC 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 05 / 08 / 2010
Transaction ID: 455193D12F75F0883556
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 32 / 68
(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)
Benjamin Martin

Mailing Address 4120 Del Prado Boulevard

City State Zip Code
Cape Coral FL 33904-7165

FEC 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
05 / 04 / 2010

Transaction ID: 5AD4A98C621EBAC6DB1

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
Benjamin Mason

Mailing Address 1110 Eagle Ridge Road

City State Zip Code
Cedar Falls IA 50613-1514

FEC 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
MM / DD / YYYY
05 / 31 / 2010

Transaction ID: 4AB7871DEAA3C281EB30

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

Full Name (Last, First, Middle Initial)
Raj Maturi

Mailing Address 200 W 103rd Street #1060

City State Zip Code
Indianapolis IN 46290-1001

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

Name of Employer Self Occupation
Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: B36568E2B32CB0064B9

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► **2965.00**

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

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

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

FOR LINE NUMBER: PAGE 33 / 68
(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)
Thomas Mauger

Mailing Address 456 W 10th Avenue

City Columbus State OH Zip Code 43210-1240

FEC 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 05 / 07 / 2010
Transaction ID: 5CA7A9F513B0E28A756
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
Todd Maus

Mailing Address 13772 Denver West Parkway Building 55, Ste100

City Lakewood State CO Zip Code 80401-3139

FEC 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 05 / 14 / 2010
Transaction ID: B1B072F5BA08D1364DF
Amount of Each Receipt this Period 500.00

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

Mailing Address Suite 170 2865 N Reynolds Road

City Toledo State OH Zip Code 43615-2076

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2010
Transaction ID: 4386ABACA14C14F92127
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: (check only one)	PAGE 34 / 68
	<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) Patricia McDonald		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address Building C 1 Lake Street		Transaction ID: 0B973DF1ABBD1915636		
	City New Britain	State CT	Zip Code 06052-1396	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 ▼ 415.00			

B.	Full Name (Last, First, Middle Initial) Calvin Mein		Date of Receipt MM / DD / YYYY 05 / 20 / 2010		
	Mailing Address 9480 Huebner Road Suite 310		Transaction ID: 4AE6B81FE09E70431AAA		
	City San Antonio	State TX	Zip Code 78240-1657	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 ▼ 750.00			

C.	Full Name (Last, First, Middle Initial) Calvin Mein		Date of Receipt MM / DD / YYYY 05 / 26 / 2010		
	Mailing Address 9480 Huebner Road Suite 310		Transaction ID: 00F2E7CC7B4896271FC		
	City San Antonio	State TX	Zip Code 78240-1657	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 ▼ 750.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 68
	<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 Merritt	Date of Receipt MM / DD / YYYY 05 / 20 / 2010
	Mailing Address 8230 Walnut Hill Lane Suite 508	Transaction ID: 493790F32669396EAD57
	City State Zip Code Dallas TX 75231-4400	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 ▼ 415.00	

B.	Full Name (Last, First, Middle Initial) Mark Michels	Date of Receipt MM / DD / YYYY 05 / 11 / 2010
	Mailing Address Suite 350 3399 Pga Boulevard	Transaction ID: 4CAEA5102DF731125FBD
	City State Zip Code Palm Beach Gardens FL 33410-2831	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 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) Aaron Miller	Date of Receipt MM / DD / YYYY 05 / 23 / 2010
	Mailing Address Suite 4 13414 Medical Complex Drive	Transaction ID: 4658B81493D0842F0FA7
	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 ▼ 250.00	

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: PAGE 36 / 68
(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)
Amalia Miranda

Mailing Address Building A # 700
3435 Northwest 56th Street

City State Zip Code
Oklahoma City OK 73112-4448

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2010

Transaction ID: 42B4B79BF69AF7A84B78

Amount of Each Receipt this Period
100.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address #1155
2300 North Mayfair Road

City State Zip Code
Milwaukee WI 53226-1553

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: 424EA723EA4C9844480D

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 1309 Liberty Street Southeast

City State Zip Code
Salem OR 97302-4245

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
05 / 08 / 2010

Transaction ID: 4619963C867B4EB76214

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 37 / 68
	<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) Eric Nelson	Date of Receipt MM / DD / YYYY 05 / 02 / 2010
	Mailing Address Suite W460 6405 France Avenue S	Transaction ID: 4FB9A7414CDE770C929C
	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 ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Leo Neu, III	Date of Receipt MM / DD / YYYY 05 / 10 / 2010
	Mailing Address 1265 E Primrose Street	Transaction ID: 4F0F991D01990AC9F64E
	City Springfield State MO Zip Code 65804-4278	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Francisco Pabalan	Date of Receipt MM / DD / YYYY 05 / 03 / 2010
	Mailing Address 12980 Frederick Street Suite G	Transaction ID: 374986D20836BD5B9BB
	City Moreno Valley State CA Zip Code 92553-5263	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)	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 38 / 68
(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)
Paul Pare

Mailing Address 304 Southeast Hospital Avenue

City State Zip Code
Stuart FL 34994-2338

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2010

Transaction ID: 46C080890B783EA23797

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 12690 W North Avenue

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 ▼ 324.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2010

Transaction ID: 46E5B38C23220F62977C

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 700 W Kent Avenue

City State Zip Code
Missoula MT 59801-6772

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
05 / 24 / 2010

Transaction ID: 6CEF392B8186322D1DB

Amount of Each Receipt this Period
500.00

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

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

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

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

FOR LINE NUMBER: PAGE 39 / 68
(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)
Bryan Phillips
Mailing Address 3807 Royal Portrush Drive
City Naperville State IL Zip Code 60564-5916
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 11 / 2010
Transaction ID: 47D09A45FCC6A3481BE6
Amount of Each Receipt this Period 50.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B. Full Name (Last, First, Middle Initial)
Dawn Phillips
Mailing Address 1280 Windham Parkway
City Romeoville State IL Zip Code 60446-1673
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 05 / 11 / 2010
Transaction ID: 4CA7B4F013EB1D360ED2
Amount of Each Receipt this Period 50.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Alan Pollack
Mailing Address 4660 Kenmore Avenue Suite 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 ▼ 1500.00
Date of Receipt 05 / 20 / 2010
Transaction ID: 4316899E58E515AAB097
Amount of Each Receipt this Period 100.00
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 40 / 68
	<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 Quayle		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address Houston Eye Associates 2855 Gramercy		Transaction ID: 646907380E5D5317D21
	City	State Zip Code	Amount of Each Receipt this Period
	Houston	TX 77025	150.00
	FEC ID number of contributing federal political committee. C		
Name of Employer Self		Occupation	
Self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		400.00	

B.	Full Name (Last, First, Middle Initial) Michael Raizman		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address Suite 600 50 Staniford Street		Transaction ID: 9AEB0495B2848A8BF8D
	City	State Zip Code	Amount of Each Receipt this Period
	Boston	MA 02114-2539	500.00
	FEC ID number of contributing federal political committee. C		
Name of Employer Self		Occupation	
Self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		500.00	

C.	Full Name (Last, First, Middle Initial) Matthew Reed		Date of Receipt MM / DD / YYYY 05 / 14 / 2010
	Mailing Address 11800 Rock Landing Drive		Transaction ID: 4AFA889A46AA42598F04
	City	State Zip Code	Amount of Each Receipt this Period
	Newport News	VA 23606-4206	100.00
	FEC ID number of contributing federal political committee. C		
Name of Employer Self		Occupation	
Self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		500.00	

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 68
(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)
Susan Jane Relf

Mailing Address 5007 Matterhorn Drive

City State Zip Code
Duluth MN 55811-3812

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: 4F738B56A2DD1536DA59

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address Suite P25
207 S Santa Anita Street

City State Zip Code
San Gabriel CA 91776-1145

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1585.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2010

Transaction ID: 43A3B765311CCAEA5FF6

Amount of Each Receipt this Period
317.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 3901 Beaubien Street

City State Zip Code
Detroit MI 48201-2119

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 03 / 2010

Transaction ID: 28F118EE7EB4C2B19F2

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ▶ **732.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 68
(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)
John Robinson

Mailing Address 501 E Macarthur Street

City Shawnee State OK Zip Code 74804-2201

FEC 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: 05 / 03 / 2010
Transaction ID: C490F39E20233432CE7
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Elizabeth Rocco

Mailing Address Suite 100
400 Saybrook Road

City Middletown State CT Zip Code 06457-4774

FEC 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: 05 / 24 / 2010
Transaction ID: F3F382EBADA6A6AE669
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Philip Roholt

Mailing Address 5234 Violet Knoll Ave NE

City Canton State OH Zip Code 44705

FEC 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: 05 / 11 / 2010
Transaction ID: 1E4F4400-2AB9-4102-
 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 43 / 68
(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)
Lawrence Ronning

Mailing Address 6046 Whipple Avenue

City North Canton State OH Zip Code 44720-7616

FEC 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 05 / 12 / 2010

Transaction ID: 9C59E6FFC6614E564F3

Amount of Each Receipt this Period 300.00

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

Mailing Address Ocusight Eye Care Center
1015 Ridge Road

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 ▼ 250.00

Date of Receipt 05 / 20 / 2010

Transaction ID: 4F75B87FAC05ED998169

Amount of Each Receipt this Period 50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. Full Name (Last, First, Middle Initial)
Keith Rundle

Mailing Address 1031 W Chapman Avenue
Suite 203

City Orange State CA Zip Code 92868-2872

FEC 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 05 / 12 / 2010

Transaction ID: DC2FC50C3079F2BFA79

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: (check only one)	PAGE 44 / 68
	<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) Delia Sang		Date of Receipt MM / DD / YYYY 05 / 01 / 2010		
	Mailing Address 3934 S Americus Street		Transaction ID: 45A39AD90F224534E979		
	City Seattle	State WA	Zip Code 98118-1640	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 2083.30	

B.	Full Name (Last, First, Middle Initial) Stephen Schall		Date of Receipt MM / DD / YYYY 05 / 11 / 2010		
	Mailing Address 9100 Wilshire Boulevard Suite 852 West		Transaction ID: 39E20A708BB51CE4D74		
	City Beverly Hills	State CA	Zip Code 90212	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) Bradley Scharf		Date of Receipt MM / DD / YYYY 05 / 14 / 2010		
	Mailing Address 8 Magnolia Drive		Transaction ID: E5ADAF273EB19E7E9D3		
	City Rye Brook	State NY	Zip Code 10573-1820	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
	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)	1081.66
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 45 / 68
	<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) Todd Schneiderman		Date of Receipt MM / DD / YYYY 05 / 20 / 2010
Mailing Address Suite 203 9800 Levin Road Northwest		Transaction ID: 4D04B26BCF5026D26D08
City State Zip Code Silverdale WA 98383-7849	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Self Occupation Ophthalmologist	Aggregate Year-to-Date 1500.00	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Scott So		Date of Receipt MM / DD / YYYY 05 / 19 / 2010
Mailing Address Suite 214 2100 Webster Street		Transaction ID: 472881B20D2BFE652246
City State Zip Code San Francisco CA 94115-2375	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Self Occupation Ophthalmologist	Aggregate Year-to-Date 500.00	PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) James Sprague		Date of Receipt MM / DD / YYYY 05 / 05 / 2010
Mailing Address 4851 Indian Lane Northwest		Transaction ID: 49CC87D9D5DE2236F6B1
City State Zip Code Washington DC 20016-3203	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00
Name of Employer Occupation	Aggregate Year-to-Date 250.00	BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	250.00
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 46 / 68
(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)
Mitchell Brian Stein

Mailing Address 69 S Moger Avenue

City State Zip Code
Mount Kisco NY 10549-2217

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 13 / 2010

Transaction ID: 423C839EB11316C2510E

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 338 Alexander Spring Road

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: 416988BE2164B21CFF56

Amount of Each Receipt this Period
50.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C. 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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2010

Transaction ID: 44479168691FA8ECFD96

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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 47 / 68
(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)
Richard Storm

Mailing Address 303 East Park Avenue

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 ▼ 490.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: 40238DE962912583D8B7

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 1380 Lusitana Street Suite 714

City State Zip Code
Honolulu HI 96813-2443

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 ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 4D958AC554F8F53D7552

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

C.

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

Mailing Address 1201 W Main Street Suite 100

City State Zip Code
Waterbury CT 06708-3105

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 ▼ 490.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2010

Transaction ID: 4CDD86E170D90B4040DE

Amount of Each Receipt this Period
25.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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 48 / 68
(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)
Gary Tanner

Mailing Address 10 Jacobs Lane

City State Zip Code
Newport News VA 23606-2815

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
05 / 29 / 2010

Transaction ID: 458D9B32831B31F21C61

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

B.

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

Mailing Address 7110 Wyoming Northeast

City State Zip Code
Albuquerque NM 87109-4867

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
05 / 03 / 2010

Transaction ID: 4831313897E6A8F9FE2

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Gerard Henderik Van Rens

Mailing Address 1801 Nh Medical Park Drive

City State Zip Code
Wilmington NC 28403-5351

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
05 / 20 / 2010

Transaction ID: 67CBBC8C25DC6A38922

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **915.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 68
	<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 Vander		Date of Receipt MM / DD / YYYY 05 / 26 / 2010		
	Mailing Address 910 E Willow Grove Avenue		Transaction ID: 25AA3EE0FF7058DD99D		
	City Wyndmoor	State PA	Zip Code 19038-7910	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			

B.	Full Name (Last, First, Middle Initial) Martin Wand		Date of Receipt MM / DD / YYYY 05 / 04 / 2010		
	Mailing Address 499 Farmington Avenue		Transaction ID: BAB54A692ED793D3114		
	City Farmington	State CT	Zip Code 06032-1943	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) Thomas Peter Ward		Date of Receipt MM / DD / YYYY 05 / 14 / 2010		
	Mailing Address 18 Old Stone Crossing		Transaction ID: 40D8BA5BC75965E3F938		
	City West Hartford	State CT	Zip Code 06117-1859	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 250.00			

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 50 / 68
(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)
Aaron Weingeist

Mailing Address 3934 S Americus Street

City State Zip Code
Seattle WA 98118-1640

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

Name of Employer Self Occupation
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 Y
0 5 / 0 5 / 2 0 1 0

Transaction ID: 4B438140CA5A8389FBFC

Amount of Each Receipt this Period
50.00

PACWEB RECURRING CC PAYMENT APPROVED AND SETTLED

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

Mailing Address 124 Sunset Court

City State Zip Code
West Columbia SC 29169-2429

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 4255B2D43C97244F6692

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

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

Mailing Address 2450 12th Street Southeast

City State Zip Code
Salem OR 97302-2152

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

Name of Employer Self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

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

Transaction ID: 4A13B7B4B98F60B30BDC

Amount of Each Receipt this Period
100.00

BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED

SUBTOTAL of Receipts This Page (optional) ▶ **250.00**

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 / 68
	<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) Amy Wexler		Date of Receipt
	Mailing Address 509 S Lenola Road Suite 11		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 17 / 2010
	City	State	Zip Code
	Lenola	NJ	08057-1556
	FEC ID number of contributing federal political committee. C		Transaction ID: 4D2FBF1B388416AFFED2
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	<input type="text"/> 25.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED			

B.	Full Name (Last, First, Middle Initial) Maynard Wheeler		Date of Receipt
	Mailing Address PO Box 538		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 05 / 2010
	City	State	Zip Code
	Grantham	NH	03753
	FEC ID number of contributing federal political committee. C		Transaction ID: F5702127-BA65-43E8-
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 730.00	<input type="text"/> 365.00

C.	Full Name (Last, First, Middle Initial) Joseph Wilhelm		Date of Receipt
	Mailing Address 702 W Lake Lansing Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 05 / 2010
	City	State	Zip Code
	East Lansing	MI	48823-8526
	FEC ID number of contributing federal political committee. C		Transaction ID: 45A0963CB54512ACCA85
Name of Employer Self		Occupation Ophthalmologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 50.00
BATCH TOOL RECURRING PAYMENT APPROVED AND SETTLED			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 440.00
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 52 / 68
	<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) Stephen Wilmarth		Date of Receipt MM / DD / YYYY 05 / 17 / 2010
Mailing Address 9824 Carlton Ct.		Transaction ID: C4435B24-5076-43DD-
City Granite Bay	State Zip Code CA 94746	
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) Lyn Yakubov		Date of Receipt MM / DD / YYYY 05 / 17 / 2010
Mailing Address Eye Care Assoc Inc 10 Dutton Drive		Transaction ID: 47AE848A2070DFFBEFAC
City Youngstown	State Zip Code OH 44502	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 625.00
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) Steven Zelko		Date of Receipt MM / DD / YYYY 05 / 12 / 2010
Mailing Address 309 West Quinto Street		Transaction ID: 299201475DC047E7F44
City Santa Barbara	State Zip Code CA 93105-5318	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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: (check only one)	PAGE 53 / 68
	<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) Carol Ziel		Date of Receipt MM / DD / YYYY 05 / 10 / 2010		
	Mailing Address Suite 100 2025 Frontis Plaza Boulevard		Transaction ID: 4DD59189187D3A5FF152		
	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		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 ▼ 291.67			

B.	Full Name (Last, First, Middle Initial) Carol Ziel		Date of Receipt MM / DD / YYYY 05 / 20 / 2010		
	Mailing Address Suite 100 2025 Frontis Plaza Boulevard		Transaction ID: 4117918A2C77F4336B69		
	City Winston Salem	State NC	Zip Code 27103-5663	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			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.67			

C.	Full Name (Last, First, Middle Initial) Harry Zink		Date of Receipt MM / DD / YYYY 05 / 01 / 2010		
	Mailing Address 3519 Friendsville Rd		Transaction ID: 460E8278D71632C2CEFF		
	City Wooster	State OH	Zip Code 44691-1241	Amount of Each Receipt this Period 83.33	
	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 ▼ 583.66			

SUBTOTAL of Receipts This Page (optional)	175.00
TOTAL This Period (last page this line number only)	40156.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 54 / 68	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

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)
Friends of Chris Dodd

Mailing Address PO Box 270701

City	State	Zip Code
West Hartford	CT	06127

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

Name of Employer	Occupation

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: 21647-81383913755417

Amount of Each Receipt this Period

5000.00

Refund of Nov09 contribution

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 68
	(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"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" 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) Bank of America		Date of Receipt MM / DD / YYYY 05 / 31 / 2010
Mailing Address 101 S Marengo Avenue 3rd Floor		Transaction ID: 826D964C6E0D0A598C8
City Pasadena	State CA	
Zip Code 91101		Amount of Each Receipt this Period 140.91
FEC ID number of contributing federal political committee. C		CD interest - May 2010
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1033.82	

B.

Full Name (Last, First, Middle Initial) Jaime Bravo		Date of Receipt MM / DD / YYYY 05 / 03 / 2010
Mailing Address 165 Calle Reina Isabel La Villa De Torrimar		Transaction ID: E630E395586127014E1
City Guaynabo	State Se	
Zip Code 00969-3284		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)	▶	640.91
TOTAL This Period (last page this line number only)	▶	640.91

**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 56 / 68

<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

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)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - May 2010

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 18879B67341B21B3741

Date of Disbursement

05 / 31 / 2010

Amount of Each Disbursement this Period

3105.03

B.

Full Name (Last, First, Middle Initial)

Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
AMEX discount - May 2010

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 26BD5F414E5A86A703A

Date of Disbursement

05 / 31 / 2010

Amount of Each Disbursement this Period

534.71

SUBTOTAL of Disbursements This Page (optional)

3639.74

TOTAL This Period (last page this line number only)

3639.74

**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

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) A Whole Lot of People for Grijalva Congressional Committee Mailing Address PO Box 1242 City Tucson State AZ Zip Code 85702 Purpose of Disbursement 2010 PRIMARY Candidate Name Raul M. Grijalva 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: AZ District: 07	Transaction ID: 87486-1352502703666 Date of Disbursement 05 / 07 / 2010
	Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) Adler for Congress Mailing Address 14 Knightswood Drive City Marlton State NJ Zip Code 08053 Purpose of Disbursement 2010 General Candidate Name John H. Adler 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: NJ District: 03	Transaction ID: 96916-6003229022026 Date of Disbursement 05 / 06 / 2010
	Amount of Each Disbursement this Period 2500.00
C. Full Name (Last, First, Middle Initial) Andrews for Senate Mailing Address 215 Fourth Avenue Suite 200 City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement 2010 Primary Contribution Candidate Name Robert E. Andrews Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District:	Transaction ID: 87486-28960818052292 Date of Disbursement 05 / 07 / 2010
	Amount of Each Disbursement this Period -1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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

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) Berkley for Congress <hr/> Mailing Address 3069 Conquista Court <hr/> City Las Vegas State NV Zip Code 89121 <hr/> Purpose of Disbursement 2010 General Candidate Name Shelley Berkley <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-0035364031791 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	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) Blumenauer for Congress <hr/> Mailing Address 830 NE Holladay, #105 <hr/> City Portland State OR Zip Code 97232 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Earl Blumenauer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-1843835711479 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	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) Charlie Dent for Congress <hr/> Mailing Address PO Box 442 <hr/> City Allentown State PA Zip Code 18105 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Charles W. Dent <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96916-4069024920463 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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)

<p>A. Full Name (Last, First, Middle Initial) Chet Edwards for Congress</p> <p>Mailing Address PO Box 23273</p> <p>City Waco State TX Zip Code 76702</p> <p>Purpose of Disbursement Resignate 3/19/10 contribution from 2010 Primary to 2010 General</p> <p>Candidate Name Chet Edwards</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 23813-2114679217338</p> <p>Date of Disbursement 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement 2010 PRIMARY</p> <p>Candidate Name Henry A. Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 87486-5200006365776</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Dutch Ruppertsberger for Congress</p> <p>Mailing Address 22 West Padonia Road Suite C-141</p> <p>City Timonium State MD Zip Code 21093</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name C.A. Dutch Ruppertsberger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 87486-3763086199760</p> <p>Date of Disbursement 05 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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) Friends of Dennis Cardoza Mailing Address PO Box 2749 City Merced State CA Zip Code 95340 Purpose of Disbursement 2010 PRIMARY Candidate Name Dennis A. Cardoza Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-6047937273979 Date of Disbursement 05 / 07 / 2010 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Friends of Erik Paulsen Mailing Address PO Box 44369 250 Prairie Center Drive City Eden Prairie State MN Zip Code 55344 Purpose of Disbursement 2010 PRIMARY Candidate Name Erik Paulsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-9541742205619 Date of Disbursement 05 / 07 / 2010 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Friends of Glenn Nye Mailing Address PO Box 68444 City Virginia Beach State VA Zip Code 23471 Purpose of Disbursement 2010 PRIMARY Candidate Name Glenn C. Nye Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-0746118426322 Date of Disbursement 05 / 07 / 2010 Amount of Each Disbursement this Period 1000.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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) Fund for the Majority Mailing Address 1212 S Victory Blvd City Burbank State CA Zip Code 91502 Purpose of Disbursement Contribution 2012 Primary Candidate Name Fund for the Majority Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution Transaction ID: 96916-1479608416557 Date of Disbursement 05 / 06 / 2010 Amount of Each Disbursement this Period 1000.00 011 Category/ Type		
	B. Full Name (Last, First, Middle Initial) Heller for Congress Mailing Address PO Box 531086 City Henderson State NV Zip Code 89053 Purpose of Disbursement 2010 PRIMARY Candidate Name Dean Heller 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: NV District: 02 Transaction ID: 87486-6751062273979 Date of Disbursement 05 / 07 / 2010 Amount of Each Disbursement this Period 2500.00 011 Category/ Type	
		C. Full Name (Last, First, Middle Initial) John D. Dingell for Congress Mailing Address 607 14th Street, NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement 2010 PRIMARY Candidate Name John D. Dingell 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: MI District: 15 Transaction ID: 87486-0534021258354 Date of Disbursement 05 / 07 / 2010 Amount of Each Disbursement this Period 2500.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 68

<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

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) Lamborn for Congress <hr/> Mailing Address PO Box 64107 <hr/> City Colorado Springs State CO Zip Code 80962 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Douglas L. Lamborn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96916-2085077166557 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Lee Terry for Congress <hr/> Mailing Address PO Box 540098 <hr/> City Omaha State NE Zip Code 68154 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Lee Terry <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-1748315691947 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Mary Bono Mack Committee <hr/> Mailing Address PO Box 3370 <hr/> City Palm Springs State CA Zip Code 92263 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Mary Bono Mack <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-6365014910698 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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) Matheson for Congress <hr/> Mailing Address PO Box 521048 <hr/> City Salt Lake City State UT Zip Code 84152 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Jim Matheson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96916-0386011004447 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress <hr/> Mailing Address 607 14th Street, NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2010 General Candidate Name Nancy Pelosi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-2515069842338 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Rogers for Congress <hr/> Mailing Address PO Box 581 Post Office Box 581 <hr/> City Brighton State MI Zip Code 48116 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Mike Rogers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96916-9604455828666 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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) Roskam for Congress Committee <hr/> Mailing Address PO Box 713 <hr/> City Wheaton State IL Zip Code 60187 <hr/> Purpose of Disbursement Void check originally reported on 12/10/09. Candidate Name Peter J. Roskam <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 55513-58247011899948 Date of Disbursement 05 / 19 / 2010
	Amount of Each Disbursement this Period -1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Schauer for Congress <hr/> Mailing Address PO Box 100 <hr/> City Battle Creek State MI Zip Code 49016 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Mark H. Schauer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-9037744402885 Date of Disbursement 05 / 07 / 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) Stabenow for Us Senate <hr/> Mailing Address PO Box 4945 <hr/> City East Lansing State MI Zip Code 48826 <hr/> Purpose of Disbursement 2010 PRIMARY Candidate Name Deborah Stabenow <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 96916-1715356707572 Date of Disbursement 05 / 06 / 2010
	Amount of Each Disbursement this Period 1500.00
	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) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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) Texans for Lamar Smith Mailing Address PO Box 6155 City San Antonio State TX Zip Code 78209 Purpose of Disbursement 2010 GENERAL Candidate Name Lamar Smith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-8451806902885 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Welch for Congress Mailing Address PO Box 1682 City Burlington State VT Zip Code 05402 Purpose of Disbursement 2010 PRIMARY Candidate Name Peter F. Welch Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 87486-2517206072807 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

43500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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) Craig Cassidy	Transaction ID: 21A5739D8635890D1C6 Date of Disbursement 05 / 12 / 2010
	Mailing Address 160 W University Dr Valley Eye Specialists, Ste 1	Amount of Each Disbursement this Period 500.00
	City Mesa State AZ Zip Code 85201-5833	010 Category/ Type
	Purpose of Disbursement	
	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) ▼	
B.	Full Name (Last, First, Middle Initial) Craig Cassidy	Transaction ID: 2636334D90A24AF71C9 Date of Disbursement 05 / 12 / 2010
	Mailing Address 160 W University Dr Valley Eye Specialists, Ste 1	Amount of Each Disbursement this Period 500.00
	City Mesa State AZ Zip Code 85201-5833	010 Category/ Type
	Purpose of Disbursement	
	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) ▼	
C.	Full Name (Last, First, Middle Initial) Craig Cassidy	Transaction ID: 8FB480E17E327174FFA Date of Disbursement 05 / 12 / 2010
	Mailing Address 160 W University Dr Valley Eye Specialists, Ste 1	Amount of Each Disbursement this Period 500.00
	City Mesa State AZ Zip Code 85201-5833	010 Category/ Type
	Purpose of Disbursement	
	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) ▼	

SUBTOTAL of Disbursements This Page (optional)	1500.00
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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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) Craig Cassidy	Transaction ID: ADFC115F6013486590B
	Mailing Address 160 W University Dr Valley Eye Specialists, Ste 1	Date of Disbursement MM / DD / YYYY 05 / 12 / 2010
	City Mesa State AZ Zip Code 85201-5833	Amount of Each Disbursement this Period 41.67
	Purpose of Disbursement	010 Category/ Type
	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) ▼	
B.	Full Name (Last, First, Middle Initial) Craig Cassidy	Transaction ID: ED632CF2FA50F20E50C
	Mailing Address 160 W University Dr Valley Eye Specialists, Ste 1	Date of Disbursement MM / DD / YYYY 05 / 12 / 2010
	City Mesa State AZ Zip Code 85201-5833	Amount of Each Disbursement this Period 41.67
	Purpose of Disbursement	010 Category/ Type
	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) ▼	
C.	Full Name (Last, First, Middle Initial) David Glasser	Transaction ID: BA48084B182D07E0274
	Mailing Address 6350 Stevens Forest Rd Ste 101	Date of Disbursement MM / DD / YYYY 05 / 03 / 2010
	City Columbia State MD Zip Code 21046-3240	Amount of Each Disbursement this Period 365.00
	Purpose of Disbursement	010 Category/ Type
	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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

448.34

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 68 / 68

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

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 Margolis

Mailing Address 1500 Tilton Rd

City Northfield State NJ Zip Code 08225-1827

Purpose of Disbursement duplicate

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: A3B58F05BE994ACE86C

Date of Disbursement

05 / 11 / 2010

Amount of Each Disbursement this Period

199.00

B.

Full Name (Last, First, Middle Initial)

Ronald Lee Morton

Mailing Address 1001 Tower Way
Ste 150

City Bakersfield State CA Zip Code 93309-1586

Purpose of Disbursement s/b SSF

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: C59C8988B44C5CF87F4

Date of Disbursement

05 / 11 / 2010

Amount of Each Disbursement this Period

75.00

SUBTOTAL of Disbursements This Page (optional)

274.00

TOTAL This Period (last page this line number only)

2222.34