

OPHTHALMIC POLITICAL ACTION COMMITTEE

Name (Print)

Office (if applicable)

District (if applicable)

610 SIERRA ROSE DR., RENO, NV 89511

(775) 356-7272

E-Mail Address

Select Appropriate Box(es) CANDIDATE PAC POL PRY IND EXP NONPROFIT CORP
 LEGAL DEFENSE FUND AMENDED

- Annual Filing - Due January 15, 2008
Period: January 1, 2007 - December 31, 2007
- Report #1 - Due August 5, 2008*
Period: Jan. 1, 2008 - July 31, 2008
- Report #2 Due - October 28, 2008*
Period: Aug. 1, 2008 - Oct. 28, 2008
- Report #3 Due - January 15, 2009**
Period: Oct. 24, 2008 - Dec. 31, 2008
- Annual Filing - Due January 15, 2009
Period: January 1, 2008 - December 31, 2008

18972

FAXED / FILED

AUG 05 2008

SECRETARY OF STATE
ELECTIONS DIVISION
FOR OFFICE USE ONLY

* These Reports are filed by incumbents/candidates running for office in the 2008 election cycle
 ** Third Report suffices for 2009 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
(See page 1 of instruction sheet)
2. Total Monetary Contributions Received of \$100 or Less
(See page 2 of instruction sheet)
3. Total Monetary Contributions in the form of in-kind provided by a third party. (See page 2 of instruction sheet)
4. Total Monetary Contributions in the form of in-kind that were forgiven.
(See page 2 of instruction sheet)

This Period

Cumulative From Beginning of Report Period (1) through End of This Reporting Period

19,250.00

5. Total Amount of Monetary Contributions Received
(Add Lines 1 through 4) (See page 2 of instruction sheet)
6. Total Amount of Written Commitments for Contributions (When committed in letter, report or certificate (primary or in-kind))
(See page 2 of instruction sheet)
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

This Period

Cumulative From Beginning of Report Period (1) through End of This Reporting Period

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100
(See page 2 of instruction sheet)
9. Total Monetary Expenses Paid of \$100 or Less
(See page 2 of instruction sheet)
10. Total Amount of All Monetary Expenses Paid
(Add Lines 8 and 9) (See page 2 of instruction sheet)
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)
12. Disposition of Unspent Contributions
(Only reported on Report #3, Annual Report or 15th day of the second month after candidate's defeat or incumbent does not run for reelection)
(See page 3 of instruction sheet)

19,250.00

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature

Date

8/4/08

NEVADA RETINA ASSOCIATES

**610 Sierra Rose Drive
Reno, NV 89511**

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AUG 05 2008

**SECRETARY OF STATE
ELECTIONS DIVISION**

FAX TRANSMITTAL

| | |
|-----------------------------------|---------------------------------------|
| DATE: | 8/5/08 |
| TO: | ophthalmic Political Action Committee |
| COMPANY: | |
| FAX NUMBER: | (775) 684-5718 |
| NUMBER OF PAGES, INCLUDING COVER: | |
| FROM: | Dr. Friedlander |
| FAX NUMBER: | 775-356-2922 |
| TELEPHONE NUMBER: | 775-356-7272 |

COMMENTS:

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