CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT — **State of Nevada**

Name (print): OPHTHALMIC POLITICAL ACTION CORP
Office (if applicable):
District (if applicable):
Mailing Address (include city and zip code): 610 SIERRA ROSE DR., RENO, NV 89511
Telephone No.: (775) 356-7272
E-Mail Address:

24294

Select Appropriate Box(es): ☐ CANDIDATE ☒ PAC ☐ POL PRTY ☐ IND EXP ☐ NONPROFIT CORP ☐ LEGAL DEFENSE FUND ☐ AMENDED ☐ LOCAL BAG

☐ **Annual Filing - Due January 16, 2010**
Period: January 1, 2009 – December 31, 2009

☒ **Report #1 — Due June 1, 2010***
Period: Jan. 1, 2010 — May 27, 2010

☐ **Report #2 Due — October 26, 2010***
Period: May 28, 2010 — Oct. 21, 2010

☐ **Report #3 Due — January 15, 2011*/****
Period: Oct. 22, 2010 — Dec. 31, 2010

☐ **Annual Filing – Due January 15, 2011**
Period: January 1, 2010 – December 31, 2010

Office of the Secretary of State
Ross Miller
Elections Division
KRut
05/28/10
FOR OFFICE USE ONLY

* These Reports are filed by incumbents/candidates in the 2010 election cycle
** Third Report suffices for 2011 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of $100 (See page 1 of instruction sheet)	0	3,000.00
2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)		
3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)		
4. **Total Amount of Monetary Contributions Received** (Add Lines 1 through 3) (See page 2 of instruction sheet)	0	3,000.00
5. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)		
6. Total Value of In Kind Contributions Received in Excess of $100 (See page 2 of instruction sheet)		

EXPENSES SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
7. Total Monetary Expenses Paid in Excess of $100 (See page 2 of instruction sheet)	0	0
8. Total Value of In Kind Expenses in Excess of $100 (See page 3 of instruction sheet)		

AFFIRMATION

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

Signature: [signature] Date: 5-28-10

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