

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ 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 06 01 2007 through 06 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Benjamin Bank  
Signature of Treasurer Electronically Filed by Benjamin Bank Date 07 19 2007

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

**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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		683911.43
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	674120.40									
(c) Total Receipts (from Line 19) .....	9275.48	183252.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	683395.88	867163.59								
7. Total Disbursements (from Line 31) .....	55278.29	239046.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	628117.59	628117.59								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	6916.25	160643.75
(i) Itemized (use Schedule A) .....	616.25	17383.25
(ii) Unitemized .....	7532.50	178027.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7532.50	178027.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1742.98	5225.16
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)) .....	9275.48	183252.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9275.48	183252.16

**DETAILED SUMMARY PAGE**

of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	425.98	4133.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	425.98	4133.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54352.31	230852.31
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 .....	500.00	4060.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	500.00	4060.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	55278.29	239046.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	55278.29	239046.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	7532.50	178027.00
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	4060.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7032.50	173967.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	425.98	4133.69
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	425.98	4133.69

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 24
	<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)  
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 ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2007

**Transaction ID:** 29316-67911928892136

Amount of Each Receipt this Period  
250.00

PAC 3rd of 4

**B.** Full Name (Last, First, Middle Initial)  
E Randy Craven

Mailing Address 26 West Dry Creek Circle #225

City State Zip Code  
Littleton CO 80120-8064

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 ▼  
375.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 09 / 2007

**Transaction ID:** 29316-27804201841354

Amount of Each Receipt this Period  
125.00

PAC 3rd of 4

**C.** Full Name (Last, First, Middle Initial)  
Luis De Corral

Mailing Address 1250 Jesus T Pinero Avenue

City State Zip Code  
Caparra Terrace PR 00921-1616

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  
06 / 05 / 2007

**Transaction ID:** FISH2F343514

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>875.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 24
	<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)  
Steven Dunn

Mailing Address Houston Eye Assoc  
915 Gessner Road Suite 250

City Houston State TX Zip Code 77024-2534

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 ▼ 300.00

Date of Receipt  
06 / 28 / 2007

**Transaction ID:** 29316-51134890317917

Amount of Each Receipt this Period  
100.00

PAC 3rd of 4

**B.** Full Name (Last, First, Middle Initial)  
William Ehlers

Mailing Address 125 Secret Lake Road

City Avon State CT Zip Code 06001-3465

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  
06 / 24 / 2007

**Transaction ID:** 29316-66256350278855

Amount of Each Receipt this Period  
250.00

PAC 3rd of 4

**C.** Full Name (Last, First, Middle Initial)  
Raul Franceschi

Mailing Address 29 Washington Street  
Suite 707

City San Juan State PR Zip Code 00907-1503

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 ▼ 600.00

Date of Receipt  
06 / 30 / 2007

**Transaction ID:** 29316-42699831724167

Amount of Each Receipt this Period  
250.00

PAC 2nd of 4

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 24
	<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 Hatton

Mailing Address Ophthalmic Consultants of Boston  
50 Stanford Street

City Boston State MA Zip Code 02114

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 ▼ 278.75

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2007

**Transaction ID:** 29316-45470827817917

Amount of Each Receipt this Period  
62.50

PAC 3rd of 4

**B.** Full Name (Last, First, Middle Initial)  
Wesley Herman

Mailing Address 5421 La Sierra Drive

City Dallas State TX Zip Code 75231-4107

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  
06 / 05 / 2007

**Transaction ID:** BZ5VCV773945

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Johanna Jensen

Mailing Address Suite A  
1615 12th Avenue Road

City Nampa State ID Zip Code 83686-6184

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 ▼ 273.75

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2007

**Transaction ID:** 29316-48553103208542

Amount of Each Receipt this Period  
91.25

PAC 3rd of 4

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1153.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 24
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) David Johnson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address Suite 101 10619 N Hayden Road		<b>Transaction ID:</b> 29316-24401491880417
City State Zip Code Scottsdale AZ 85260-8510	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Leslie Jones		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 7
Mailing Address 8477 Indian Paintbrush Way		<b>Transaction ID:</b> 29316-14562624692917
City State Zip Code Lorton VA 22079-5610	Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C	PAC 3rd of 4	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 273.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Laura King		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 7
Mailing Address 106 Brighton Road Northeast		<b>Transaction ID:</b> 29316-00516909360885
City State Zip Code Atlanta GA 30309-1521	Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C	PAC 3rd of 4	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 273.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	432.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 24
	<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)

Full Name (Last, First, Middle Initial) <b>A. Daniel Long</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 7
Mailing Address Suite 330 120 Meadowcrest Street		<b>Transaction ID:</b> 29316-95362490415574
City State Zip Code Gretna LA 70056-5249	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	PAC 3rd of 4	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Susan Mosier</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 7
Mailing Address 2900 Amherst Avenue		<b>Transaction ID:</b> 29316-97391909360886
City State Zip Code Manhattan KS 66503-3003	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C	PAC 3rd of 4	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Michael O'Brien</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 618 Tollgate Road		<b>Transaction ID:</b> BY0STL391597
City State Zip Code Warwick RI 02886-2717	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	740.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 24
	<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)  
Paul Orloff

Mailing Address 178 E 71st Street

City State Zip Code  
New York NY 10021-5119

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 ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
06 / 12 / 2007

**Transaction ID:** 29316-92399233579636

Amount of Each Receipt this Period  
125.00

PAC 3rd of 4

**B.** Full Name (Last, First, Middle Initial)  
Barton Ramsey

Mailing Address 440 West Martin L King Boulevard

City State Zip Code  
Danville KY 40422-2037

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2007

**Transaction ID:** 43EEJG746459

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Christian Risser

Mailing Address Suite 104  
9225 N 3rd Street

City State Zip Code  
Phoenix AZ 85020-2455

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
06 / 13 / 2007

**Transaction ID:** 43EEJG984276

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1490.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 24
	<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)  
Gerald Spindel

Mailing Address Suite 101  
6 Tsienneto Road

City State Zip Code  
Derry NH 03038-1584

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  
06 / 24 / 2007

**Transaction ID:** 29316-14123171567917

Amount of Each Receipt this Period  
250.00

PAC 2nd of 4

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

Mailing Address 50 Staniford Street #600

City State Zip Code  
Boston MA 02114-2539

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2007

**Transaction ID:** EPHYQA977024

Amount of Each Receipt this Period  
1000.00

Batch Tool - PAC

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

Mailing Address 900 Med Circle

City State Zip Code  
Myrtle Beach SC 29572-4114

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  
06 / 24 / 2007

**Transaction ID:** 29316-69002932310105

Amount of Each Receipt this Period  
250.00

PAC 3rd of 4

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 24	
	(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)  
Raymond Zimmerman

Mailing Address Suite 250  
500 W Thomas Road

City State Zip Code  
Phoenix AZ 85013-4215

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 ▼  
375.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	4	/	2	0	0	7

**Transaction ID:** 29316-72652834653855

Amount of Each Receipt this Period  
125.00

PAC 3rd of 4

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	125.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	6916.25

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 24	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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)  
Union Bank

Mailing Address 400 California Street

City State Zip Code  
San Francisco CA 94104

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5225.16

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	7

**Transaction ID:** 0296900707184727099

Amount of Each Receipt this Period  
1742.98

Bank interest 6/07

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1742.98
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1742.98

# 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 15 / 24

<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)

Full Name (Last, First, Middle Initial)

**A.** Union Bank

Mailing Address 400 California Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Bank charges 6/07

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 3624790707184811595

Date of Disbursement

/   /

Amount of Each Disbursement this Period

425.98

**SUBTOTAL** of Disbursements This Page (optional) .....

425.98

**TOTAL** This Period (last page this line number only) .....

425.98

# 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 16 / 24

<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><b>A.</b> Full Name (Last, First, Middle Initial) Andy Harris for Congress</p> <p>Mailing Address PO Box 1527</p> <p>City Annapolis State MD Zip Code 21404</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Harris Andrew</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 1364640707193921388</p> <p>Date of Disbursement 06 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Category/Type</p>
--	--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee for Hispanic Causes/Building Our Leadership Diversity Pac (CHC BOLD PAC)</p> <p>Mailing Address 1831 Bay Street Southeast</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 0546190706274279062</p> <p>Date of Disbursement 06 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/Type</p>
---	--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect Vito Fossella</p> <p>Mailing Address PO Box 120197 PO Box 060248</p> <p>City Staten Island State NY Zip Code 10312</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Fossella Vito</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 3563950706274035661</p> <p>Date of Disbursement 06 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>
---	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> 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 17 / 24

<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)

Full Name (Last, First, Middle Initial) <b>A. Crowley for Congress</b>		<b>Transaction ID:</b> 7523290706124937323 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 2500.00
City Elmhurst State NY Zip Code 11373	Purpose of Disbursement 2008 Primary	
Candidate Name Crowley Joseph	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cubin for Congress Inc.</b>		<b>Transaction ID:</b> 4339810706124881595 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address PO Box 4657		Amount of Each Disbursement this Period 2500.00
City Casper State WY Zip Code 82604	Purpose of Disbursement 2008 Primary	
Candidate Name Cubin Barbara	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends for Jim McDermott</b>		<b>Transaction ID:</b> 2924180706124864520 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address PO Box 21783		Amount of Each Disbursement this Period 2500.00
City Seattle State WA Zip Code 98111	Purpose of Disbursement 2008 Primary	
Candidate Name McDermott Jim	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> 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 18 / 24

<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)

Full Name (Last, First, Middle Initial) <b>A. Friends of Carolyn McCarthy</b>		<b>Transaction ID:</b> 0882660706124912169 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 151 Linden Road		Amount of Each Disbursement this Period 2500.00
City Mineola State NY Zip Code 11501	Purpose of Disbursement 2008 Primary Candidate Name McCarthy Carolyn Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Friends of Gayle Harrell</b>		<b>Transaction ID:</b> 8270790706274146790 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address 1885 Northwest Eagle Point		Amount of Each Disbursement this Period 5000.00
City Stuart State FL Zip Code 34994	Purpose of Disbursement 2008 Primary Candidate Name Harrell Gayle Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Friends of Joe Pitts</b>		<b>Transaction ID:</b> 9533210706124895359 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address PO Box 775		Amount of Each Disbursement this Period 2500.00
City Unionville State PA Zip Code 19375	Purpose of Disbursement 2008 Primary Candidate Name Pitts Joseph Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> 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 19 / 24

<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><b>A.</b> Friends of Lois Capps</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Capps Lois</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 5364290706124784678</p> <p>Date of Disbursement MM / DD / YYYY 06 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Gingrey for Congress</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Gingrey John</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 7583210706124755949</p> <p>Date of Disbursement MM / DD / YYYY 06 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Hall for Congress Committee (RALPH HALL - ROCKWALL TEXA-S)</p> <p>Full Name (Last, First, Middle Initial) Mailing Address Post Office Box 711</p> <p>City Rockwall State TX Zip Code 75087</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Hall Ralph</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 0569920706124808481</p> <p>Date of Disbursement MM / DD / YYYY 06 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p>

**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)

PAGE 20 / 24

<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)

Full Name (Last, First, Middle Initial) <b>A. Hoosiers Supporting Buyer for Congress</b>		<b>Transaction ID:</b> 1715280706124904140 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 200 North Main St. PO Box 712		Amount of Each Disbursement this Period 4000.00
City Monticello State IN Zip Code 47960		
Purpose of Disbursement 2008 Primary	Category/ Type	
Candidate Name Buyer Stephen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. John D. Dingell for Congress Committee</b>		<b>Transaction ID:</b> 6288640706124925883 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address 607 14th Street Northwest Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement 2008 Primary	Category/ Type	
Candidate Name Dingell John		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Linder for Congress</b>		<b>Transaction ID:</b> 0715230706124770421 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address PO Box 4026		Amount of Each Disbursement this Period 1000.00
City Duluth State GA Zip Code 30096		
Purpose of Disbursement 2008 Primary	Category/ Type	
Candidate Name Linder John		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	10000.00
<b>TOTAL</b> 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 21 / 24

<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)

Full Name (Last, First, Middle Initial)

**A.** Mark Pryor for Us Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement  
2008 Primary

Candidate Name  
Pryor Mark

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: AR District: 00

**Transaction ID:** 8042450706124799130

Date of Disbursement

06 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Pascrell for Congress Inc.

Mailing Address PO Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement  
2008 Primary

Candidate Name  
Pascrell William

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NJ District: 08

**Transaction ID:** 4492040706124853532

Date of Disbursement

06 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** People for English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement  
2008 Primary

Candidate Name  
English Phil

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

**Transaction ID:** 4737900706124834932

Date of Disbursement

06 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

**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)

PAGE 22 / 24

<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)

Full Name (Last, First, Middle Initial)

**A.** People for Pete Domenici

Mailing Address Post Office Box 93656

City Albuquerque State NM Zip Code 87199

Purpose of Disbursement  
2008 Primary

Candidate Name  
Domenici Pete

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NM District: 00

Transaction ID: 8937020706274136187

Date of Disbursement

06 / 27 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B.** Rogers for Congress

Mailing Address PO Box 581  
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement  
2008 Primary

Candidate Name  
Rogers Mike

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MI District: 08

Transaction ID: 9132920706124817747

Date of Disbursement

06 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Ryan for Congress

Mailing Address PO Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement  
2008 Primary

Candidate Name  
Ryan Paul

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Transaction ID: 8008540706124826083

Date of Disbursement

06 / 13 / 2007

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)

PAGE 23 / 24

<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)

Full Name (Last, First, Middle Initial) <b>A. The Boulders</b>		<b>Transaction ID:</b> V0837750706294363379 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address PO Box 2090 North Darlington Drive		Amount of Each Disbursement this Period 2352.31
City Carefree State AZ Zip Code 85377		
Purpose of Disbursement In- Kind - 2008 Primary	Category/ Type	
Candidate Name Cardin Benjamin		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Whitehead for Congress</b>		<b>Transaction ID:</b> 5866200706124968736 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address PO Box 619		Amount of Each Disbursement this Period 2500.00
City Evans State GA Zip Code 30809		
Purpose of Disbursement 2007 Special	Category/ Type	
Candidate Name Whitehead Jim		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Whitehead for Congress</b>		<b>Transaction ID:</b> 6254210706274152840 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 7
Mailing Address PO Box 619		Amount of Each Disbursement this Period 2500.00
City Evans State GA Zip Code 30809		
Purpose of Disbursement 2007 Run-Off	Category/ Type	
Candidate Name Whitehead Jim		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7352.31</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>54352.31</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 24

<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)

Full Name (Last, First, Middle Initial)

**A.** Steven Mansberger

Mailing Address Devers Eye Institute  
1040 Northwest 22nd Avenue #200

City State Zip Code  
Portland OR 97210

Purpose of Disbursement  
Duplicate Form Processed

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 98121-98936098814011

Date of Disbursement

06 / 07 / 2007

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

500.00