

**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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

D	D
3	1

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	611433.55									
(c) Total Receipts (from Line 19)	28720.75	216559.67								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	640154.30	900471.10								
7. Total Disbursements (from Line 31)	21856.28	282173.08								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	618298.02	618298.02								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

D	D
3	1

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	24753.75	188200.00
(i) Itemized (use Schedule A)	2145.00	19678.25
(ii) Unitemized	26898.75	207878.25
(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)	26898.75	207878.25
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.)	1822.00	8681.42
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))	28720.75	216559.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28720.75	216559.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	356.28	4760.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	356.28	4760.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21500.00	273352.31
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	0.00	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))	0.00	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))..	21856.28	282173.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	21856.28	282173.08

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)	26898.75	207878.25
34. Total Contribution Refunds (from Line 28(d))	0.00	4060.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26898.75	203818.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	356.28	4760.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	356.28	4760.77

**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 / 28
	<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)

Full Name (Last, First, Middle Initial) A. Richard Angrist		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 7	
Mailing Address 3810 River Road		Transaction ID: DIGO27ULX8FAE	
City State Zip Code Point Pleasant NJ 08742-2054	Amount of Each Receipt this Period 365.00		PACWEB GENERATED CONTRIBUTION
FEC ID number of contributing federal political committee. C			
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) ▼			

Full Name (Last, First, Middle Initial) B. Ray Balyeat		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 7	
Mailing Address the Williams Medical Plaza 2000 S Wheeling Avenue Suite 400		Transaction ID: DIGTFYNTX8FA4	
City State Zip Code Tulsa OK 74104-5639	Amount of Each Receipt this Period 500.00		PACWEB GENERATED CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Allen Dale Beck		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7	
Mailing Address Emory Clinic 1365-B Clifton Road Northeast		Transaction ID: DK90EZYSTMA33	
City State Zip Code Atlanta GA 30322-0001	Amount of Each Receipt this Period 400.00		PACWEB GENERATED CONTRIBUTION
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1265.00
TOTAL 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 / 28
	<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)
Terry Bergstrom

Mailing Address Wk Kellogg Eye Center
1000 Wall Street Room 649

City Ann Arbor State MI Zip Code 48105-1994

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

Transaction ID: ADXJLG384164

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite 700
5501 Jefferson Street Northeast

City Albuquerque State NM Zip Code 87109-3478

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
M M / D D / Y Y Y Y Y
0 8 / 2 9 / 2 0 0 7

Transaction ID: DWGXGI923814

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
James Brown

Mailing Address 305 Hospital Road

City Starkville State MS Zip Code 39759-2155

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
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: ACK7WR353889

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1730.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 28
	<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)
Howard Bruckner

Mailing Address 909 Fifteenth Street

City Augusta State GA Zip Code 30901-2607

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
08 / 19 / 2007

Transaction ID: G8LOGM7E42R1D

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Brandon Busbee

Mailing Address Baptist North; Suite 603
2011 Murphy Avenue

City Nashville State TN Zip Code 37203-2176

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
08 / 28 / 2007

Transaction ID: DP0IXI318WS60

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Sujote David

Mailing Address Suite 226
8919 Parallel Parkway

City Kansas City State KS Zip Code 66112-1655

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
08 / 25 / 2007

Transaction ID: 1D4FAKFNKWQ1P

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 28
	<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

Mailing Address 4717 Woodland Avenue

City State Zip Code
Metairie LA 70002-1361

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
08 / 15 / 2007

Transaction ID: DGOHXQZMPUB33

Amount of Each Receipt this Period
250.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Randy Mark Ennen

Mailing Address Ennen Eye Center
PO Box 11605

City State Zip Code
Fort Smith AR 72917-1605

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
08 / 22 / 2007

Transaction ID: ADXJLG948186

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address 29 Washington Street
Suite 707

City State Zip Code
San Juan PR 00907-1503

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 ▼ 1100.00

Date of Receipt
08 / 31 / 2007

Transaction ID: 39842-36066836118698

Amount of Each Receipt this Period
250.00

PAC 4th of 4

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 28
	<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)
Ronald Freeman

Mailing Address 755 South Milwaukee Avenue
North 150

City State Zip Code
Libertyville IL 60048

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2007

Transaction ID: DGOISA00PUB30

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Luther Fry

Mailing Address 310 E Walnut Street

City State Zip Code
Garden City KS 67846-5560

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2007

Transaction ID: DWGXGI417668

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Robert Green

Mailing Address Suite 400
414 Navarro Street

City State Zip Code
San Antonio TX 78205-2505

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2007

Transaction ID: ADXJLG456671

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1730.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 28
	<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)
Richard Grostern

Mailing Address 3424 N Leavitt Street

City Chicago State IL Zip Code 60618-6014

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
08 / 15 / 2007

Transaction ID: DH9WVT40XKV61

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 423 Polo Drive

City Fayetteville State AR Zip Code 72703-9791

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 ▼ 800.00

Date of Receipt
08 / 17 / 2007

Transaction ID: 13DYPZR0R1OGID

Amount of Each Receipt this Period
800.00

PACWEB GENERATED CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Gary Hirshfield

Mailing Address Suite 102
4231 Colden Street

City Flushing State NY Zip Code 11355-3981

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
08 / 27 / 2007

Transaction ID: 6SW6ZJ621748

Amount of Each Receipt this Period
125.00

PAC 4th of 4

SUBTOTAL of Receipts This Page (optional)	▶	1425.00
TOTAL 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 / 28
	<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)
G Baker Hubbard

Mailing Address Suite B3409
1365B Clifton Road Northeast

City Atlanta State GA Zip Code 30322-0001

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
M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: DH9Y9MU0XKV62

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
James Izer

Mailing Address 4255 Carmichael Court N

City Montgomery State AL Zip Code 36106-2875

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
M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: DGOGNM0MPUB35

Amount of Each Receipt this Period
250.00

PACWEB GENERATED CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Edward Jaeger

Mailing Address Suite 800
840 Walnut Street

City Philadelphia State PA Zip Code 19107-5109

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

Transaction ID: ADXJLG627868

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1000.00

TOTAL 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 13 / 28
	<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)
Anthony Pruett Johnson

Mailing Address 601 Halton Road

City State Zip Code
Greenville SC 29607-3403

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 29 / 2007

Transaction ID: DWGXGI218070

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
S Kao

Mailing Address Clark Holder Clinic
303 Smith Street

City State Zip Code
Lagrange GA 30240-2745

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 10 / 2007

Transaction ID: AGDQ7B025662

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Dawnielle Kerner

Mailing Address Suite 300
160 Kingsley Lane

City State Zip Code
Norfolk VA 23505-4600

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
08 / 17 / 2007

Transaction ID: 10AF8XMSQ4OGID

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	1865.00
TOTAL 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 14 / 28
	<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)
James Kinyoun

Mailing Address Department of Ophth
Univ of Wa Box 356485

City State Zip Code
Seattle WA 98195-6485

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
08 / 24 / 2007

Transaction ID: ACK7WR288481

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Douglas Koch

Mailing Address Nc205
6565 Fannin Street

City State Zip Code
Houston TX 77030-2703

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 ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 15 / 2007

Transaction ID: DH9UJW6XWKV67

Amount of Each Receipt this Period
250.00

PACWEB GENERATED CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Stephen Lane

Mailing Address Suite 840
280 Smith Avenue N

City State Zip Code
St. Paul MN 55102-2454

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 21 / 2007

Transaction ID: DKUKPP9KV9U67

Amount of Each Receipt this Period
1000.00

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL 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 15 / 28
	<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)

Full Name (Last, First, Middle Initial) A. Lawrence Loewenthal		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 7	
Mailing Address 44650 Delco Boulevard		Transaction ID: DGOGIMNLPUB35	
City State Zip Code Sterling Heights MI 48313-1063	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C		PACWEB GENERATED CONTRIBUTION	
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) ▼			

Full Name (Last, First, Middle Initial) B. Edward Lores		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 7	
Mailing Address Suite D 4950 Southwest Lejeune Road		Transaction ID: 6SW7MT485765	
City State Zip Code Coral Gables FL 33146-2231	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 ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Richard Mackool		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 7	
Mailing Address 31-27 41st Street		Transaction ID: DWGXGI712334	
City State Zip Code Astoria NY 11103-3901	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) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	980.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 28
	<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) A. William Maron		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 7
Mailing Address Suite 222 21 Woodland Street		Transaction ID: 3F1QWKN5GU6FLE
City State Zip Code Hartford CT 06105-4318	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		PACWEB GENERATED CONTRIBUTION
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. David McClure		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 7
Mailing Address 1255 Pineview Drive		Transaction ID: DP0KNOP77WS60
City State Zip Code Morgantown WV 26505-2713	Amount of Each Receipt this Period 312.50	
FEC ID number of contributing federal political committee. C		PACWEB GENERATED CONTRIBUTION
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 312.50	

Full Name (Last, First, Middle Initial) C. John Mikulla		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address Suite 200 2400 Ardmore Boulevard		Transaction ID: DQ7GAI8NXGWD4
City State Zip Code Pittsburgh PA 15221-5299	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		PACWEB GENERATED CONTRIBUTION
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	927.50
TOTAL 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 17 / 28
	<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)

Full Name (Last, First, Middle Initial) A. Aubrey Nichols		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 6 / 2 0 0 7
Mailing Address 414-B Marion Drive		Transaction ID: DHVEZA48XKV63
City McComb	State MS	Zip Code 39648-2710
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	PACWEB GENERATED CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Richard Pare		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 7
Mailing Address North Fulton Professional Building 2500 Hospital Boulevard; Suite 115		Transaction ID: 1E3BUPP8Z7DOGD
City Roswell	State GA	Zip Code 30076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	PACWEB GENERATED CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Larry Patterson		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 7
Mailing Address Eye Centers of Tennessee 15 Iris Lane		Transaction ID: DGOD7UZOPUB3S
City Crossville	State TN	Zip Code 38555
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	PACWEB GENERATED CONTRIBUTION
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)	▶	1250.00
TOTAL 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 18 / 28
	<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)
Francis Price

Mailing Address Suite 100
9002 N Meridian Street

City Indianapolis State IN Zip Code 46260-5349

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
08 / 17 / 2007

Transaction ID: DIGP4YNPX8FA2

Amount of Each Receipt this Period
1000.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address Suite 608
6231 Leesburg Pike

City Falls Church State VA Zip Code 22044-2102

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
08 / 22 / 2007

Transaction ID: 6U9W34185427

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. 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
08 / 22 / 2007

Transaction ID: ADXJLG263493

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL 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 19 / 28
	<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)

Full Name (Last, First, Middle Initial) A. Daniel Schickner		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 2 / 2 0 0 7	
Mailing Address 3375 Southern Vista Drive		Transaction ID: 57864-75623720884323	
City State Zip Code Kingman AZ 86401-0628	Amount of Each Receipt this Period 91.25		
FEC ID number of contributing federal political committee. C	PAC 4th of 4		
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) ▼			

Full Name (Last, First, Middle Initial) B. Glenn Shear		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 7	
Mailing Address Suite 114 33 Upper Riverdale Road Southwest		Transaction ID: DH9UEGVVWVKV60	
City State Zip Code Riverdale GA 30274-2642	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBU-TION		
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Rodger Silverstein		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 9 / 2 0 0 7	
Mailing Address 198 North Road		Transaction ID: DWGXGI344457	
City State Zip Code Chester NJ 07930-2323	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Batch Tool - PAC		
Name of Employer self Occupation self 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) ▶	2091.25
TOTAL 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 20 / 28
	(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)
Ronald Smith

Mailing Address Suite 5706
1450 San Pablo Street

City State Zip Code
Los Angeles CA 90033-4500

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2007

Transaction ID: ADXJLG853246

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite 221
167 Ashley Avenue

City State Zip Code
Charleston SC 29403-5836

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2007

Transaction ID: DWGXGI743633

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. 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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2007

Transaction ID: 39842-16653078794479

Amount of Each Receipt this Period
250.00

PAC 4th of 4

SUBTOTAL of Receipts This Page (optional)	▶	1615.00
TOTAL 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 21 / 28
	<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)

Full Name (Last, First, Middle Initial) A. Griffith Steiner		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 7	
Mailing Address Ophthalmic Associates 542 W 2nd Avenue		Transaction ID: G8YJHZANKWQ1E	
City Anchorage State AK Zip Code 99516	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C		PACWEB GENERATED CONTRIBUTION	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Kevin Sullivan		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 7	
Mailing Address 7447 W Talcott Avenue Suite 300		Transaction ID: DK8Z011OTMA3E	
City Chicago State IL Zip Code 60631-3714	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		PACWEB GENERATED CONTRIBUTION	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Howard Tessler		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 6 / 2 0 0 7	
Mailing Address 48 S Greenleaf Avenue		Transaction ID: DNTQBANYK5M935	
City Gurnee State IL Zip Code 60031-3300	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C		PACWEB GENERATED CONTRIBUTION	
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 28
	<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 Stuckey Thoms

Mailing Address University Michigan Center for Spe
19900 Haggerty Road Suite 111

City Livonia State MI Zip Code 48152

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
M M / D D / Y Y Y Y Y
0 8 / 2 3 / 2 0 0 7

Transaction ID: DM1AH40GJXDA4

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 900 Med Circle

City Myrtle Beach State SC Zip Code 29572-4114

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
M M / D D / Y Y Y Y Y
0 8 / 1 4 / 2 0 0 7

Transaction ID: 1108820709174086971

Amount of Each Receipt this Period
250.00

PAC 4th of 4

C. Full Name (Last, First, Middle Initial)
Julia Whiteside-De Vos

Mailing Address 2984 Brighton Road

City Shaker Heights State OH Zip Code 44120-1721

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
M M / D D / Y Y Y Y Y
0 8 / 1 5 / 2 0 0 7

Transaction ID: DGOFTINKPUB36

Amount of Each Receipt this Period
250.00

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	865.00
TOTAL This Period (last page this line number only)	24753.75

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 28	
	(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)

Full Name (Last, First, Middle Initial)
A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City State Zip Code
San Francisco CA 94163

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1822.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	1	/	2	0	0	7

Transaction ID: 8505620709194457570

Amount of Each Receipt this Period
1822.00

Bank interest 8/07

SUBTOTAL of Receipts This Page (optional)	▶	1822.00
TOTAL This Period (last page this line number only)	▶	1822.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 28

<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. Wells Fargo Bank N.A.		Transaction ID: 2241100709194460042	
Mailing Address PO Box 63020		Date of Disbursement 08 / 31 / 2007	
City San Francisco	State CA	Zip Code 94163	Amount of Each Disbursement this Period 356.28
Purpose of Disbursement Bank charges 8/07		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	356.28
TOTAL This Period (last page this line number only)	356.28

**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 25 / 28

<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. 21st Century Majority Fund		Transaction ID: 9301070708214880151 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 6065 Roswell Road #2274 Box 2274		Amount of Each Disbursement this Period 2500.00
City Atlanta State GA Zip Code 30328	Purpose of Disbursement 2007 Contribution	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. Becerra for Congress		Transaction ID: 2390140708133477296 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address PO Box 261060		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90026	Purpose of Disbursement 2008 Primary	
Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type
State: CA District: 31		

Full Name (Last, First, Middle Initial) C. Becerra for Congress		Transaction ID: 1477580708214865665 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address PO Box 261060		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90026	Purpose of Disbursement 2008 Primary	
Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/ Type
State: CA District: 31		

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)

PAGE 26 / 28

<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. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
2008 Primary

Candidate Name
Green Gene

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 29

Transaction ID: 8315650708133457973

Date of Disbursement

08 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jim Ramstad Volunteer Committee

Mailing Address 1809 Plymouth Road South #310

City Minnetonka State MN Zip Code 55305

Purpose of Disbursement
2008 Primary

Candidate Name
Ramstad Jim

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MN District: 03

Transaction ID: 5041620708133472118

Date of Disbursement

08 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Louie Gohmert for Congress Committee

Mailing Address PO Box 8060

City Tyler State TX Zip Code 75711

Purpose of Disbursement
2008 Primary

Candidate Name
Gohmert Louis

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: TX District: 01

Transaction ID: 9818990708133464455

Date of Disbursement

08 / 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 27 / 28

<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. Rangel for Congress</p> <p>Full Name (Last, First, Middle Initial) Rangel for Congress</p> <p>Mailing Address PO Box 5577 Manhattanville Station</p> <p>City New York State NY Zip Code 10027</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Rangel Charles</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 6661730708133468181</p> <p>Date of Disbursement 08 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/Type</p>
---	--	--

<p>B. Republican Mainstreet Partnership Pac</p> <p>Full Name (Last, First, Middle Initial) Republican Mainstreet Partnership Pac</p> <p>Mailing Address C/O G & W 2201 Wisconsin Ave. NW Suite 320</p> <p>City Washington State DC Zip Code 20007</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>Transaction ID: 2178190708214906378</p> <p>Date of Disbursement 08 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Category/Type</p>
--	--	--

<p>C. Shore Pac</p> <p>Full Name (Last, First, Middle Initial) Shore Pac</p> <p>Mailing Address PO Box 3157</p> <p>City Long Branch State NJ Zip Code 07740</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>Transaction ID: 8608300708214873952</p> <p>Date of Disbursement 08 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/Type</p>
--	--	--

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>10000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>

**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)

Full Name (Last, First, Middle Initial) A. Texans for Lamar Smith		Transaction ID: 8031120708214877048 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address PO Box 6155		Amount of Each Disbursement this Period 1000.00
City San Antonio	State TX	
Zip Code 78209		
Purpose of Disbursement 2008 Primary		
Candidate Name Smith Lamar		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX District: 21		

Full Name (Last, First, Middle Initial) B. Voice for Freedom		Transaction ID: 1432450708214870519 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 2814 Spring Road Suite 103		Amount of Each Disbursement this Period 2000.00
City Atlanta	State GA	
Zip Code 30339		
Purpose of Disbursement 2007 Contribution		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Volunteers for Shimkus		Transaction ID: 6413340708133474584 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 3 / 2 0 0 7
Mailing Address PO Box 5458		Amount of Each Disbursement this Period 1000.00
City Springfield	State IL	
Zip Code 62705		
Purpose of Disbursement 2008 Primary		
Candidate Name Shimkus John		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 19		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	21500.00