

**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 |

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Anna Eshoo for Congress | | Transaction ID: 56223-2284204363822 | |
| Mailing Address 555 Capitol Mall Suite 1425 | | Date of Disbursement 10 / 17 / 2007 | |
| City Sacramento | State CA | Zip Code 95814 | Amount of Each Disbursement this Period 2000.00 |
| Purpose of Disbursement Contribution | | 011 Category/ Type | |
| Candidate Name Anna Eshoo | | | |
| 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: CA | District: 14 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Berkley for Congress | | Transaction ID: 56223-5247461199760 | |
| Mailing Address 3069 Conquista Court | | Date of Disbursement 10 / 17 / 2007 | |
| City Las Vegas | State NV | Zip Code 89121 | Amount of Each Disbursement this Period 2000.00 |
| Purpose of Disbursement Contribution | | 011 Category/ Type | |
| Candidate Name Shelley Berkley | | | |
| 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: NV | District: 01 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Bilirakis for Congress | | Transaction ID: 56223-2466546893119 | |
| Mailing Address 610 South Boulevard | | Date of Disbursement 10 / 17 / 2007 | |
| City Tampa | State FL | Zip Code 33606 | Amount of Each Disbursement this Period 1000.00 |
| Purpose of Disbursement Contribution | | 011 Category/ Type | |
| Candidate Name Gus Bilirakis | | | |
| 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: FL | District: 09 | | |

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