05/19/2006 18:22

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Ophthalmology Inc Political Committee (OPHTHPAC) 655 Beach Street ADDRESS (number and street) Check if different than previously San Francisco CA 94109 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. CITY A ZIPCODE A IS THIS **AMENDED** NEW C00196246 Χ REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 03 0 1 2006 03 3 1 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Benjamin Bank Type or Print Name of Treasurer Electronically Filed by Benjamin Bank 05 16 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003)

Re	port Covering the Period: From:	01 2006	To: 0 3 3 1 2 0 0 6
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 Y2006		535866.50
(b) Cash on Hand at Begining of Reporting Period	545863.36	
(c) Total Receipts (from Line 19)	23682.20	93260.34
(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	569545.56	629126.84
-	Total Disbursements (from Line 31)	74453.64	134034.92
(Cash on Hand at Close of		
	Reporting Period subtract Line 7 from Line 6(d))	495091.92	495091.92
ı	Debts and Obligations owed TO		
	he committee (Itemize all on Schedule C and/or Schedule D)	0.00	
). I	Debts and Obligations owed BY		
	he committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

м м 0 3 01

^Y 2 0 0 6

To:

м м 0 3 ^D 3 1

2006

	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 (i) Itemized (use Schedule A)	22021.25	81196.25
	(ii) Unitemized	1553.75	11346.25
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	23575.00	92542.50
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	23575.00	92542.50
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	107.20	717.84
8.	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))	23682.20	93260.34
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	23682.20	93260.34

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
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	953.64	2534.92
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	953.64	2534.92
	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
•	Contributions to Federal Candidates/Committees	50500.00	111500.00
	and Other Political Committees	53500.00	111500.00
	Independent Expenditure (use Schedule E)	20000.00	20000.00
	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d))		
	(use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
	Refunds of Contributions To:		
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(h) Delitical Deuty Coversities	0.00	0.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))	0.00	0.00
	Other Disbursements	0.00	0.00
	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	2.22	
	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
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	74453.64	134034.92
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	7117001	10105155
	from Line 31)	74453.64	134034.92

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	23575.00	92542.50
 Total Contribution Refunds (from Line 28(d))	0.00	0.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	23575.00	92542.50
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	953.64	2534.92
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	953.64	2534.92

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6/32
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
		ine and add	iless of any political committee to	Solicit Contributions from Such Committee.
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc.	c Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Richard Abbott			Date of Receipt
	Mailing Address Ucsf Beckman Vision Cel 10 Koret Way K-301	nter		03 / 08 / 2006
	City	State	Zip Code	Transaction ID: 2M4ND7756143
	San Francisco	CA	94143-0001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthalm		Batch Tool - PAC
	Receipt For:		Year-to-Date V	-
	Primary General Other (specify) ▼	Aggregate	500.00	
3.	Full Name (Last, First, Middle Initial) David Adam			Date of Receipt
	Mailing Address 11357 Avant Lane			03 / 26 / 2006
	City	State	Zip Code	Transaction ID: 5E4RAPHRPMZE6
	Cincinnati	OH	45249-2373	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer self	Occupation Ophthalm		PACWEB GENERATED CONTRIBU- TION
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	250.00	
).	Full Name (Last, First, Middle Initial) Richard Apt			Date of Receipt
	Mailing Address 2080 Century Park E Suite 803			03 / 11 / 2006
	City	State	Zip Code	Transaction ID: 17192-32590883970260
	Los Angeles	CA	90067-2001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		91.25
	Name of Employer self	Occupation Ophthalm		PAC 3rd of 4
	Receipt For:		Year-to-Date ▼]
	Primary General Other (specify) ▼	0 0	273.75	
s	UBTOTAL of Receipts This Page (optional)			841.25
т.	OTAL This Pariod (last nage this line number on)	v)	•	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 7/32 (check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology Ir	nc Political	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) Brock Bakewell			Date of Receipt
	Mailing Address 5599 N Oracle Road Fishkind/Bakewell Eye a	nd Sura C	en	03 10 2006
	City	State	Zip Code	Transaction ID: 2M4PXW377192
	Tucson	AZ	85704-3821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
3.	Full Name (Last, First, Middle Initial) John Carver			Date of Receipt
	Mailing Address 1055 N 300 W Suite 210 Physicians Plaza			03 / 07 / 2006
	City	State	Zip Code	Transaction ID: 2M51LQ628546
	Provo	UT	84604-3374	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00 Batch Tool - PAC
	Name of Employer self	Occupation Ophthaln		Balcii 1001 - FAC
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Craig Cassidy			Date of Receipt
	Mailing Address 7465 E San Miguel Aver	nue		03 / 21 / 2006
	City	State	Zip Code	Transaction ID: 22179-41175478696823
	Scottsdale	AZ	85250-6465	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer self	Occupation Ophthaln		PAC 4th of 4
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		375.00	
S	JBTOTAL of Receipts This Page (optional)			740.00
T	OTAL This Period (last page this line number or	nly)	<u> </u>	

91	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 / 32
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Garrinally Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology	nc Politica	I Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial)			
٩.	Anne Coleman			Date of Receipt
	Mailing Address # 2118			M M / D D / Y Y Y Y
	100 Stein Plaza			03 31 2006
	City	State	Zip Code	Transaction ID: 3F7ODH669876
	Los Angeles	CA	90095-0001	Amount of Each Receipt this Period
	FEC ID number of contributing			365.00
	federal political committee.	C		303.00
	Name of Employer	Occupatio	n	Batch Tool - PAC
	self	Ophthair		
	Receipt For:	 	Year-to-Date ▼	\dashv
	Primary General	Aggregate	e real-to-bate V	1
	Other (specify)		365.00	
	Carlet (openity) V	0 0	0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
3.	Gary Cowan			Date of Receipt
	Mailing Address 1350 S Main Street			M M / D D / Y Y Y Y
	Suite 3200			03 24 2006
	City	State	Zip Code	Transaction ID: 22179-99361819028855
	Fort Worth	TX	76104-7611	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer	Ossunstis		PAC 2nd of 4
	Name of Employer self	Occupatio Ophthalr		
	Receipt For:		e Year-to-Date V	-
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify)		500.00	
	Guiei (epeeiij) 🔻	0 0	0 0 0 0 0 0 0	
	Full Name (Last, First, Middle Initial)			
Э.	James Croley			Date of Receipt
	Mailing Address 613 Del Prado Boulevai	d S		M M / D D / Y Y Y Y
				03 28 2006
	City	State	Zip Code	Transaction ID: EZMSXL617695
	Cape Coral	<u>FL</u>	33990-2611	Amount of Each Receipt this Period
	FEC ID number of contributing	С		1000.00
	federal political committee.			1000.00
	Name of Employer	Occupatio	n	Batch Tool - PAC
	self	Ophthair		
	Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		1000.00	
				1
S	UBTOTAL of Receipts This Page (optional)			1615.00
T	OTAL This Period (last page this line number o	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 32 (check only one) X
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology II	nc Politica	Committee (OPHTHPAC)	
A . 3 .	Full Name (Last, First, Middle Initial) David Durfee Mailing Address 616 Southeast Manches City Portland FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Michael Gilbert Mailing Address 12301 Northeast 10th Pl Suite 200 City Bellevue FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General	state OR C Occupation Ophthaln Aggregate WA C Occupation Ophthaln	Zip Code 97202-9012 n nologist e Year-to-Date ▼ 500.00 Zip Code 98005-2487	Date of Receipt M
D.	Full Name (Last, First, Middle Initial) Frank Hannah Mailing Address 1622 E Marion Street Eye Surgery Center City Shelby FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary Other (specify) ▼	State NC C Occupation Ophthaln Aggregate		Date of Receipt M M J 29 2006 Transaction ID: 3F7LQY168927 Amount of Each Receipt this Period 2500.00 Batch Tool - PAC
s	UBTOTAL of Receipts This Page (optional)			3250.00
Т	OTAL This Period (last page this line number or	ılv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 32
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
-	-		Detailed Summary Page	X 11a 11b 11c 12 17 13 14 15 16 17 17 17 17 17 17 17
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)	arrie ariu auc	aress or arry political committee to	Solicit Contributions from Such Committee.
\rangle	American Academy of Ophthalmology I	nc Political	Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Mark Hughes			Date of Receipt
٠.	Mailing Address 50 Staniford Street Suite 600			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 17192-33344668149948
	Boston	MA	02114-2517	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00
	Name of Employer self	Occupation Ophthaln		PAC 4th of 4
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		3750.00	
3.	Full Name (Last, First, Middle Initial) B. Hutchinson			Date of Receipt
	Mailing Address 50 Staniford Street Suite Opthalmic Consultants B	03 / 31 / 2006		
	City	State	Zip Code	Transaction ID: 3F7OKW146753
	Boston	MA	02114-2539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer self	Occupation		Batch Tool - PAC
	Receipt For:	Ophthaln	nologist e Year-to-Date V	_
	Primary General	riggrogate		
	Other (specify) ▼	0 0	1000.00	
D.	Full Name (Last, First, Middle Initial) Fahim Ibrahim			Date of Receipt
	Mailing Address 1530 Pine Grove Avenue Suite 5	е		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: EZMSXL385751
	Port Huron	MI	48060-3370	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			2500.00
			<u> </u>	
Т	OTAL This Period (last page this line number or	าly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	v not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology II	nc Political	I Committee (OPHTHPAC)	
Α.	Full Name (Last, First, Middle Initial) Andrew Iwach Mailing Address 55 Stevenson Street Glaucoma Center of Sar City San Francisco FEC ID number of contributing federal political committee. Name of Employer self	State CA C Occupation	Zip Code 94105-2936	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)	Ophthaln Aggregate	nologist e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Kenneth Juechter Mailing Address 20 Watch Hill Road City Croton on Hudson FEC ID number of contributing	State NY	Zip Code 10520-1018	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary Other (specify) ▼ Pride General Other (specify) ▼	Occupation Ophthaln		Batch Tool - PAC
	Full Name (Last, First, Middle Initial) Stephen Lane Mailing Address 280 Smith Avenue N Suite 840 City Saint Paul FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State MN C Occupation Ophthaln Aggregate		Date of Receipt M M J J J J J J J J J J J J J J J J J
S	UBTOTAL of Receipts This Page (optional)			1365.00
Т	OTAL This Period (last page this line number or	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 12/32
	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology I			
Α.	Full Name (Last, First, Middle Initial) Robert Lehner Mailing Address 3805A Spring Street PO Box 1677 City Racine FEC ID number of contributing federal political committee.	State WI	Zip Code 53405-1600	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupatio Ophthaln Aggregate		Batch Tool - PAC
3.	Full Name (Last, First, Middle Initial) Alden Leifer Mailing Address 210 E 32nd Street City Paterson FEC ID number of contributing federal political committee. Name of Employer self	State NJ C	Zip Code 07504-1511	Date of Receipt 0 3 0 6 2 0 0 6 Transaction ID: 17192-36550539731979 Amount of Each Receipt this Period 91.25 PAC 3rd of 4
	Receipt For: Primary General Other (specify)	Ophthalr Aggregate	nologist e Year-to-Date ▼ 273.75	
Э.	Full Name (Last, First, Middle Initial) Rudy Manthei Mailing Address 2598 Windmill Parkway			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Henderson FEC ID number of contributing federal political committee.	State NV	Zip Code 89074-5476	Transaction ID: 3F7ODH346884 Amount of Each Receipt this Period 500.00
	Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupatio Ophthalr Aggregate		Batch Tool - PAC
s	UBTOTAL of Receipts This Page (optional)			1591.25
T	OTAL This Period (last page this line number or	nly)	.	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/32
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology		· ·	
Full Name (Last, First, Middle Initial) Connie McCaa Mailing Address 2500 N State Street Floury MS Med Center/MoCity Jackson FEC ID number of contributing federal political committee. Name of Employer		Zip Code 39216-4500	Date of Receipt M M
Receipt For: Primary General Other (specify)	Ophthaln		
Full Name (Last, First, Middle Initial) Colin McCannel Mailing Address Mayo Clin Department 200 First Street Southw City		Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
Rochester FEC ID number of contributing federal political committee.	C	55905-0001	Amount of Each Receipt this Period 500.00 Batch Tool - PAC
Name of Employer Mayo Clinic Receipt For: Primary General Other (specify) ▼	Occupation Ophthaln Aggregate		
Full Name (Last, First, Middle Initial) Kenneth Musson Mailing Address 929 Business Park Driv	/e		Date of Receipt 0 3 1 9 2 0 0 6
City Traverse City FEC ID number of contributing federal political committee.	State MI	Zip Code 49686-8683	Transaction ID: 22179-04316347837448 Amount of Each Receipt this Period 91.25
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalm Aggregate		PAC 3rd of 4
SUBTOTAL of Receipts This Page (optional)			956.25
TOTAL This Period (last page this line number of	only)		

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 14/32
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Stator for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Ophthalmology In	nc Politica	Committee (OPHTHPAC)	
۹.	Full Name (Last, First, Middle Initial) David Parke			Date of Receipt
	Mailing Address 608 Stanton L Young Bo Dean A McGee Eye Inst			03 / 08 / 4 2006
	City	State	Zip Code	Transaction ID: 2M4ND7565396
	Oklahoma City	<u>OK</u>	73104-5014	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	<u> </u>	e Year-to-Date ▼	-
	Primary General	33 - 3		1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) William Penland			Date of Receipt
	Mailing Address 1020 W Buena Vista Ro the Eye Group of Southe		L	03 / 06 / 4 2006
	City	State	Zip Code	Transaction ID: 2M4KWK356049
	Evansville	IN	47710-5150	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)	0 0	300.00	
Э.	Full Name (Last, First, Middle Initial) Paul Petelin			Date of Receipt
	Mailing Address 20859 N 79th Way		7.0.1	03 / 17 / 2006
	City Scottsdale	State AZ	Zip Code	Transaction ID: 17192-06184023618698
		AZ	85255-6416	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		91.25
	Name of Employer self	Occupation Ophthaln		PAC 4th of 4
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General		272.75	
	Other (specify)	0 0	273.75	
SI	JBTOTAL of Receipts This Page (optional)			841.25
т	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 32 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology In	c Political	Committee (OPHTHPAC)	
	Full Name (Last, First, Middle Initial) Robert Rea Mailing Address 1615 Winsted Drive Suite 1 City Goshen FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State IN C Occupation Ophthalm Aggregate		Date of Receipt M M O O O O O O O O O O O O O O O O O
	Raymond Reich Mailing Address 118 W End Avenue City Brooklyn FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	State NY C Occupation Ophthaln Aggregate		Date of Receipt M M
C.	Full Name (Last, First, Middle Initial) John Reifschneider Mailing Address 1001 6th Avenue Suite 10 Reifschneider Eye Center City Leavenworth FEC ID number of contributing federal political committee. Name of Employer self Receipt For: Primary General Other (specify)	r and Opti State KS C Occupation Ophthaln	Zip Code 66048-3248	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	JBTOTAL of Receipts This Page (optional))	855.00
т	OTAL This Period (last page this line number on	v)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/32
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An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Ir			
۹.	Full Name (Last, First, Middle Initial) John Robinson Mailing Address 501 F Macarthur Street			Date of Receipt
	Mailing Address 501 E Macarthur Street Robinson Eye Institute City	State	Zip Code	0 3 0 6 2 0 0 6 Transaction ID: 2M4KWK675718
	<u>Shawnee</u>	OK	74804-2201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer self	Occupation Ophthaln		Batch Tool - PAC
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
3.	Full Name (Last, First, Middle Initial) Delia Sang	Date of Receipt		
	Mailing Address 73 Chatham Street	03 / 15 / Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 17192-22248476743698
	Brookline 550 ID number of contribution	MA	02446-5451	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1250.00 PAC 4th of 4
	Name of Employer self	Occupation Ophthaln		
	Receipt For:	•	e Year-to-Date ▼	
	Primary General Other (specify) ▼		3750.00	
<u>-</u> -	Full Name (Last, First, Middle Initial) Christianne Schoedel			Date of Receipt
	Mailing Address 360 Saint Charles Way			03 11 2006
	City	State	Zip Code	Transaction ID: 17192-39550417661667
	York	PA	17402-4647	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00 PAC 3rd of 4
	Name of Employer self	Occupation Ophthaln		1 70 014 01 4
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1875.00	
S	UBTOTAL of Receipts This Page (optional)			2375.00
т	OTAL This Period (last page this line number on	ly)	>	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/32
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Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology	Inc Politica	I Committee (OPHTHPAC)	
Full Name (Last, First, Middle Initial) Gary Schwartz			Date of Receipt
Mailing Address 9105 Edinburgh Lane			03 13 2006
City <u>Sa</u> int Paul	State MN	Zip Code 55125-9191	Transaction ID: 2M4VUU328248
FEC ID number of contributing federal political committee.	C	35125-9191	Amount of Each Receipt this Period 500.00
Name of Employer self	Occupatio		Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Ophthalr Aggregate	Proposition of the proposition	
Full Name (Last, First, Middle Initial) 3. Richard Shugarman	1		Date of Receipt
Mailing Address 400 N Flagler Drive Apt. 1001			03 / 24 / 4 2006
City West Palm Beach	State FL	Zip Code 33401-4304	Transaction ID: EZMLBE248651 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer self	Occupatio Ophthalr		Batch Tool - PAC
Receipt For: Primary General		e Year-to-Date ▼	
Primary ☐ General Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial) 2. Paul Sternberg	1		Date of Receipt
Mailing Address Vanderbilt Eye Institut 8000 Medical Center E	North Towe		03 / 20 / Y Y Y Y Y
City Nashville	State TN	Zip Code 37232-0001	Transaction ID: EZMFKD672123 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Vanderbilt University	Occupatio Ophthalr	nologist	Batch Tool - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)			2500.00
TOTAL This Period (last page this line number	only)		

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/	NAME OF COMMITTEE (In Full)	S. Per I	O 'W (ODLITUDAO)												
/	American Academy of Ophthalmology Inc F	olitical	Committee (OPHTHPAC)												
_	Full Name (Last, First, Middle Initial)														
۹.	Trexler Topping			Date of Receipt											
	Mailing Address 50 Staniford Street			M M / D D / Y Y Y Y											
	Suite 600			03 06 2006											
		State	Zip Code	Transaction ID: 5YQHS4H1K4M2											
		MΑ	02114-2517	Amount of Each Receipt this Period											
	FFC ID as such as of a cartribution														
	FEC ID number of contributing federal political committee.			1000.00											
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	Name of Employer Oc	cupation		☐ PACWEB GENERATED CONTRIBU- TION											
	self Op	phthalm	ologist												
	Receipt For: Ag	ggregate	Year-to-Date ▼												
	Primary General	-	1000.00												
	Other (specify) ▼		1000.00												
				`											
	Full Name (Last, First, Middle Initial)														
3.	W. Wan			Date of Receipt											
	Mailing Address 1700 N Rose Avenue			M M / D D / Y Y Y Y											
	Suite 200			03 26 2006											
	•	State	Zip Code	Transaction ID: 22179-03001040220260											
	Oxnard C	CA	93030-3790	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee	` '		91.25											
	federal political committee.	<u> </u>		01.20											
	Name of Employer	cupation		PAC 4th of 4											
	Coastal Eve Specialists	phthalm													
			Year-to-Date ▼	_											
	Receipt For: Primary General	ggregale	Teal-to-Date ▼												
	Other (specify)		273.75												
	Other (specify)	1 1	0 0 0 0 0 0 0												
	Full Name (Least First Middle Initial)														
	Full Name (Last, First, Middle Initial) Martin Wand			Date of Receipt											
-•	Mailing Address 499 Farmington Avenue			M M / D D / Y Y Y Y											
	Too I amington Avenue			03 14 2006											
	City	State	Zip Code	Transaction ID: 2M4X3I601421											
	<u>Farmington</u> (CT	06032-1943	Amount of Each Receipt this Period											
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	federal political committee.) ,		1000.00											
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	Other (specify) ▼	0 0	1000.00												
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FOR LINE NUMBER: PAGE 19/32 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 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. C. P Wilkinson Date of Receipt Mailing Address 6569 N Charles Street 03 24 2006 Greater Baltimore Mc/Suite 505 City State Zip Code Transaction ID: EZMLBE420804 **Baltimore** MD 21204-6831 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Batch Tool - PAC Name of Employer self Occupation Ophthalmologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	22021.25

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5	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)		OR LIN			₹:		PA	GE	20 / 3	32				
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<u> </u>	NAME OF COMMITTEE (In Full)																
$ \rangle$	American Academy of Ophthalmology Inc	Dalitiaal C	`ammittaa (OE	итир	(AC)												
L	American Academy of Ophthalmology inc	roiilicai C	Johnnillee (OF	піпг	AC)												
_	Full Name (Last, First, Middle Initial)					1	Γransa	action	ı ID: \	/83270	706	0320	4064857				
Α.	PAC Admin Account						Date o	f Disb	ourser	nent							
						_	M	Л /	^D 2(D / Y	Ž		Y				
	Mailing Address 655 Beach Street					03											
	City	State	Zip Code			Η.	Amour	nt of E	ach D	Disburse	mer	t this F	Period				
	San Francisco	CA	94109					-			-						
	Purpose of Disbursement				-		L .					660.	00				
	PAC Admin				.												
	Candidate Name			Cate	gory/												
				Ту	ре												
	Office Sought: House Disburse	ment For:															
	Senate	Primary	General														
	President	Other (spe	ecify)														
	State: District:																
_	Full Name (Last, First, Middle Initial)					1	ransa	action	1D: 3	322287	060	4074	273533				
В.	Union Bank						Date o	f Disb	ourser	nent							
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	Mailing Address 400 California Street						U Ş		S			. 0 0 6)				
		State	Zip Code				Amour	nt of E	ach D	Disburse	mer	t this I	Period				
	San Francisco	CA	94104				-	-			-	000	2.4				
	Purpose of Disbursement				-						0	293.	04				
	Bank charges 3/06																
	Candidate Name	gory/															
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		ment For:															
	Senate	Primary	General														
	President	Other (spe	ecity) 🔻														

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	953.64
TOTAL This Period (last page this line number only)	•	953.64

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State:

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	_ 2	_	23 28b	24 28c	П	25 29	_	26 30b			
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 NAME OF COMMITTEE (In Full) 	o and address of any political c	JIIIII	illee lo s	SUILUIT C	JOHUIDU	11011511(JIII SUUII	COMM	iill CC					
American Academy of Ophthalmology Inc	Political Committee (OPH	ITHP	PAC)											
Full Name (Last, First, Middle Initial)				Tr	ansact	tion ID:	99822	10603	33053	122	53			
Committe To Re-Elect Ed Towns						Disburse / D		v		V				
Mailing Address 438 Lewis Avenue				03 30 2006										
City Brooklyn	State Zip Code NY 11233			Α	mount o	of Each	Disburs	ement	this P	eriod				
Purpose of Disbursement	11233		-	- [500.0	0	7			
2006 Primary		<u> </u>				-	^							
Candidate Name Towns Edolphus		Cate Ty	gory/ pe											
The state of the s	ement For: 2006 Primary General													
President	Other (specify)													
State: NY District: 10														
Full Name (Last, First, Middle Initial) 3. Democratic Congressional Campaign Cor	nmittee					t <mark>ion ID:</mark> Disburse	335359	90603	30136	624	75			
					ММ	/ D	D /	ΥΫ́Υ	0 Ď 6	Υ				
Mailing Address 430 South Capitol Street 2nd Floor					0 3	0	1	2	006					
City Washington	State Zip Code DC 20003			Α	mount o	of Each	Disburs	ement	this P	eriod				
Purpose of Disbursement 2006 Contribution			-	7 L	-			5	0.000	0				
Candidate Name	'	Cate	gory/											
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Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Commit	tee					tion ID: Disburse	093209 ement	90600	30136	440	51			
Mailing Address 120 Maryland Avenue N	ortheast				М 3 M	/ DO	D /	Y Ž	0 Ď 6	Y				
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City Washington	State Zip Code DC 20002			A	mount (of Each	Disburs	ement	this P	eriod				
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Senate President	Primary General Other (specify) ▼													
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or for commercial purposes, other than using the name	and address of any political co	omm	ittee to s	SOIICIT	contribu	tions tro	om sucn	comm	iittee					
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc	Political Committee (OPH	ITHF	PAC)											
Full Name (Last, First, Middle Initial)				Т	ransac	tion ID:	050588	30603	30949	410	— 83			
Diana Degette for Congress Inc.					Date of D			V * V	· V ·	v				
Mailing Address PO Box 61337				03										
	State Zip Code			A	Amount	of Each	Disburse	ement	this Pe	eriod				
Denver Purpose of Disbursement	CO 80206			- [10	0.00	0	7			
2006 Primary				1				0			_			
Candidate Name DeGette Diana			egory/ vpe											
X	ment For: 2006 Primary General													
President	Other (specify)													
State: CO District: 01														
Full Name (Last, First, Middle Initial)							612237	70603	30136	325	80			
5. Dnc Services Corporation/Democratic Nati	onai Committee				Date of D	Disburse	ement	y	Υ	Υ				
Mailing Address 430 South Capitol Street	Southeast				0,3 ,,	0	1 ′	2	0 Ď 6					
,	State Zip Code DC 20003			A	Amount	of Each	Disburse	ement	this Pe	eriod				
Purpose of Disbursement 2006 Contribution	20003							5	0.000	0				
Candidate Name			egory/											
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		-											
Full Name (Last, First, Middle Initial)				+-	•	ID	074700	2000	20050	740				
Friends of Craig Thomas					Date of D	Disburse					/3			
Mailing Address 2780 Olive Drive					0 3	1	0 /	2	0 Ď 6					
	State Zip Code WY 82001			A	Amount	of Each	Disburse			-	_			
Purpose of Disbursement 2006 Primary								10	0.000	0	_			
Candidate Name Thomas Craig			egory/ vpe											
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\	NAME OF COMMITTEE (In Full)													
/	American Academy of Ophthalmology In	c Political Committee (OPH	THF	PAC)										
	Full Name (Last, First, Middle Initial)					Transa	actio	n ID:	979012	060	30949	924	189	
٦.	Friends of Don Sherwood					Date o	f Dis			/ · v	V .	V		
	Mailing Address 81 Warren Street					0 3		^D 1	Ŏ Ĺ	2	0 Ó 6			
	City	State Zip Code				Amour	nt of	Each	Disburse	emen	t this P	erio	d	
	Tunkhannock Purpose of Disbursement	PA 18657								1	000.0	00		
	2006 Primary		۰				_	1		-				
	Candidate Name Sherwood Don			egory/ ype										
		sement For: 2006												
	Senate President	X Primary General Other (specify) ▼												
	State: PA District: 10	Curior (opcomy)												
	Full Name (Last, First, Middle Initial)					Transa	actio	n ID:	279927	060	33052	299	191	
3.	Friends of Jack Kingston					Date o	f Dis	burse	ment	/ · V	V *	V		
	Mailing Address PO Box 2133					0,3		^D 3	0	2	0 0 6			
	City Savannah	State Zip Code GA 31402				Amour	nt of	Each	Disburse	emen	t this P	erio	d	
	Purpose of Disbursement 2006 Primary									2	2500.0	00		
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		sement For: 2006 X Primary General												
	President	Other (specify)												
	State: GA District: 01													
Э.	Full Name (Last, First, Middle Initial) Goode for Congress					Transa Date o			950706 ment	060	30136	324	716	
	Mailing Address 235 South Main Street					0,3	/	0	1 /	ž	0 0 6	Y		
	City Rocky Mount	State Zip Code VA 24151				Amour	nt of	Each	Disburse	emen	t this P	erio	d	
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Any Information copied from such Reports and State or for commercial purposes, other than using the na											5	
NAME OF COMMITTEE (In Full)												
American Academy of Ophthalmology In	c Political Committee (OPH	THF	PAC)									
Full Name (Last, First, Middle Initial)					Transa	actio	on ID:	975611	060	30136	3130)21
A. Michael Burgess for Congress					Date o	of Dis	sburse		v • v	V	V	
Mailing Address PO Box 2334					0 3	VI /	0	1 /	Ž	0 Ó 6	•	
City Denton	State Zip Code TX 76202				Amour	nt of	Each	Disburse	emen	t this F	erio	d
Purpose of Disbursement	17 70202			-					1	500.0	00	
2006 Primary						_						_
Candidate Name Burgess Michael			egory/ vpe									
	sement For: 2006											
Senate President	✓ Primary GeneralOther (specify) ▼											
State: TX District: 26	outer (opeon)											
Full Name (Last, First, Middle Initial)					Transa	actio	on ID:	347173	3060	30949	9320	660
3. Mike Thompson for Congress					Date o		sburse	ement	v * v	· V ·	V	
Mailing Address 5429 Madison Avenue					0,3	VI /	1	0 /	ž	0 0 6	Y	
City Sacramento	State Zip Code CA 95841				Amour	nt of	Each	Disburse	emen	t this F	erio	d
Purpose of Disbursement 2006 Primary							•		1	500.0	00	
Candidate Name Thompson Mike			egory/ vpe									
Senate President	sement For: 2006 K Primary General Other (specify)											
State: CA District: 01 Full Name (Last, First, Middle Initial)						_						
National Republican Congressional Com	mittee				Date o			312204 ement				753
Mailing Address 320 First Street					0 3	,	0		2	0 Ď 6		
City Washington	State Zip Code DC 20003				Amour	nt of	Each	Disburse			-	d
Purpose of Disbursement 2006 Contribution						-	-		- 5	0.000	00	
Candidate Name	-		egory/ /pe									
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼											
otato. District.												_
SUBTOTAL of Disbursements This Page (optional)		. •						8	000.0	0	
TOTAL This Period (last page this line number on	<u> </u>						•			•		

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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	X 23 28b	24 280	25	
	y Information copied from such Reports and Statem for commercial purposes, other than using the name							
\rangle	NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc I							
۹.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee			Date	of Disbur	sement		13685725
	Mailing Address 425 Second Street Northe	east		0 ^M 3		01 /	Ý Ž0	0 6
		State Zip Code DC 20002		Amo	unt of Eac	h Disburs	ement th	is Period
	Purpose of Disbursement 2006 Contribution] L.			500	0.00
	Candidate Name		egory/ ype					
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)						
3.	Full Name (Last, First, Middle Initial) Norwood for Congress				saction II of Disbur		906033	05461810
	Mailing Address PO Box 499						Ý Ž O	0 6 °
	•	State Zip Code GA 30809		Amo	unt of Eac	ch Disburs		• •
	Purpose of Disbursement 2006 General		·	L.			100	0.00
	Candidate Name Norwood Charlie		egory/ ype					
	Office Sought: X House Senate President State: GA District: 10	ment For: 2006 Primary X General Other (specify) ▼						
D .	Full Name (Last, First, Middle Initial) Pallone for Congress				saction II of Disbur		206030	94974475
	Mailing Address PO Box 3176			0 ^M 3	M / D	10 /	ž 0	0 6 °
	•	State Zip Code NJ 07740		Amo	unt of Eac	h Disburs	ement th	is Period
	Purpose of Disbursement 2006 Primary		-	T L.			150	0.00
	Candidate Name Pallone Frank		egory/ ype					
		ment For: 2006 Primary General Other (specify)	•					
S	UBTOTAL of Disbursements This Page (optional) .		 •				750	0.00
T	OTAL This Period (last page this line number only)		 . •					

SCILDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	(check c	NE NUMB only one)	EK:		L P.	AGE	27/3	2	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	Х	23 28b	24 28c	П	25 29	_	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										
 NAME OF COMMITTEE (In Full) 	and address of any political co	ATTITULE LO	SUILUIT CUI	ıtı ıDUl	10115 110	JIII SUUII	CONTI	CC		
American Academy of Ophthalmology Inc	Political Committee (OPH	THPAC)								
Full Name (Last, First, Middle Initial)			Trar	sacti	ion ID:	735657	70603	33053	346	 59
People for English					isburse		v v		V	
Mailing Address PO Box 1940			0 ^M 3	3 "	3	0 /	2	0 ŏ 6		
	State Zip Code PA 16507		Amo	ount o	f Each	Disburs	ement	this P	eriod	_
Purpose of Disbursement 2006 Primary		v v	7 L				1	0.000	0	
Candidate Name English Phil	-	Category/ Type								
X	ment For: 2006 Primary General Other (specify)									
Full Name (Last, First, Middle Initial)			Tues	4!	ID-	001570	2000	20050	000	
Pete Sessions for Congress 2006			Date	of D	isburse	291579 ement				10
Mailing Address Post Office Box 38585			0 3	3 M	1	0 /	ž	0 Ď 6	Y	
,	State Zip Code TX 75238		Amo	ount o	f Each	Disburs				_
Purpose of Disbursement 2006 General							. 1	0.000	0	_
Candidate Name Sessions Pete		Category/ Type								
Office Sought: X House Disburse Senate President	ment For: 2006 Primary X General Other (specify)									
State: TX District: 32										
Full Name (Last, First, Middle Initial) Republican National Committee			-		ion ID: isburse	977270 ement	00603	30136	724	39
Mailing Address 310 First Street Southeas	t		0 3	3 ^M	0	1 / L	ž	0 Ď 6	Y	
,	State Zip Code DC 20003		Amo	ount o	f Each	Disburs	ement	this P	eriod	_
Purpose of Disbursement 2006 Contribution		•					5	0.00	0	_
Candidate Name	-	Category/ Type								
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)									
SUBTOTAL of Disbursements This Page (optional) .							70	0.00	0	
TOTAL This Period (last page this line number only)							•			7

SCHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)	FOR LINE N (check only c		PAGE 2	28 / 32
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 28a 28b	\square	25 26 29 30b
Any Information copied from such Reports and Statemor for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc I	· ·				
Full Name (Last, First, Middle Initial) Roskam for Congress Committee			Date of Disburs		094966620 0 6 Y
Mailing Address 423 West Wesley Street			0.3	10 20	0 6
,	State Zip Code L 60189		Amount of Each	n Disbursement t	his Period
Purpose of Disbursement 2006 Primary				10	00.00
Candidate Name Roskam Peter	C	Category/ Type			
Office Sought: X House Senate President State: IL District: 06	nent For: 2006 Primary General Other (specify)				
Full Name (Last, First, Middle Initial) Ryan for Congress			Transaction ID Date of Disburs	: 00693906030	095054627
Mailing Address PO Box 1919					0 6
•	State Zip Code NI 53547		Amount of Each	n Disbursement t	
Purpose of Disbursement 2006 Primary				10	00.00
Candidate Name Ryan Paul	C	Category/ Type			
Office Sought: X House Senate President State: WI District: 01	nent For: 2006 Primary General Other (specify)				
Full Name (Last, First, Middle Initial) - Simpson for Congress			Transaction ID Date of Disburs	: 37375506030 ement	094953945
Mailing Address 1487 Parkway Drive			03 M	1 0 Y 2 0	0 6 °
,	State Zip Code D 83221		Amount of Each	n Disbursement t	his Period
Purpose of Disbursement 2006 Primary		-		10	00.00
Candidate Name Simpson Michael	C	Category/ Type			
Office Sought: X House Senate President State: ID District: 02	nent For: 2006 Primary General Other (specify)				
SUBTOTAL of Disbursements This Page (optional)				300	00.00
TOTAL This Period (last page this line number only)					

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50	CHEDULE B (FEC Form 3X)	Use seperate schedule(s	-	NUMBER:	PAGE	29 / 32	
IT	EMIZED DISBURSEMENTS	for each category of the	(Crieck only		од П	or 🗆 oo	
		Detailed Summary Page	21b 27	22 X 23 28a 28b	24 28c	25 29 30	
	ly Information copied from such Reports and Stat for commercial purposes, other than using the na						
$\overline{\ }$	NAME OF COMMITTEE (In Full)						
<u>/</u>	American Academy of Ophthalmology In	nc Political Committee (OI	PHTHPAC)				
	Full Name (Last, First, Middle Initial)			Transaction ID: 136	62290600	3013723530	<u>)</u>
۹.	Texans for Henry Bonilla			Date of Disbursemer	nt		
	Mailing Address PO Box 17292			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City San Antonio	State Zip Code TX 78217		Amount of Each Disl			_
	Purpose of Disbursement 2006 Primary				1	000.00	
	Candidate Name Bonilla Henry		Category/ Type				
	Senate President	rsement For: 2006 X Primary General Other (specify)					
	State: TX District: 23						_
5	Full Name (Last, First, Middle Initial)			Transaction ID: 125		3305305610)
٥.	Whitfield for Congress Committee			Date of Disbursemer			
	Mailing Address PO Box 391	Address PO Box 391		03	, y y	0 0 6 °	
	City Hopkinsville	State Zip Code KY 42241		Amount of Each Disl			_
	Purpose of Disbursement 2006 Primary					000.00	
	Candidate Name Whitfield Edward		Category/ Type				
	Office Sought: X House Senate President State: KY District: 01	rsement For: 2006 X Primary General Other (specify)					

SUBTOTAL of Disbursements This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	•	53500.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ITEMIZED INDEPENDENT EX	(PENDITUR	ES		PAGE 30 / 32 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				<u> </u>
American Academy of Ophthalmology Inc Polimmittee (OPHTHPAC)	tical Co-			FEC IDENTIFICATION NUMBER ▼ C C00196246
	-hour notice			
Full Name (Last, First, Middle, Initial) of Pa	ayee		Date	
Shelley Strategic Services			M M /	23 / 2006
Mailing Address			Amount	
11509 Willow Way				5000.00
City	State	Zip Code		on ID: V9151860605163900067
Oklahoma City	OK	73162	Office Sough	
Purpose of Expenditure 2006 IE - 3/31/06 ad		Category/ Type		Senate District: 05 Presidential
Name of Federal Candidate supported or C Fred Morgan	Opposed by expend	liture:	Check One:	X Support Oppose
Trea Morgan			Disburseme	nt For: X Primary General 2006
Calendar Year-To-Date Per Election			Oth	ner (specify):
for Office Sought		5000.00		
Full Name (Last, First, Middle, Initial) of Pa	ayee		Date	
Shelley Strategic Services			M M /	23 / 2006
Mailing Address			Amount	
11509 Willow Way				5000.00
0::		7: 0 1	Transaction	on ID: V3296570605163909517
City Oklahoma City	State OK	Zip Code 73162	Office Sougl	
Purpose of Expenditure		Category/	7	Senate District: 05 Presidential
2006 IE - 7/7/06 ad		Туре	_	
Name of Federal Candidate supported or 0	Opposed by expend	liture:	Check One:	X Support Oppose
Fred Morgan	, ,			
			Disburseme	nt For: X Primary General 2006
Calendar Year-To-Date Per Election for Office Sought		5000.00	Oth	ner (specify) :
(a) SUBTOTAL of Itemized Independent Exp	enditures			10000.00
(b) SUBTOTAL of Unitemized Independent E	Expenditures			0.00
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	or authorized commit			
Benjamin Bank Signature		Date 05	16	2006

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPEN	IDITURES	PAGE 31 / 32 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC))-	C C00196246
Check if 24-hour notice 48-hour no	otice	
Full Name (Last, First, Middle, Initial) of Payee		Date
Shelley Strategic Services		M M / D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11509 Willow Way		Amount 10000.00
0"	7: 0	Transaction ID: V5861010603245090650
City Oklahoma City	State Zip Code OK 73162	Office Sought: X House State: OK
Purpose of Expenditure 2006 IE - 7/30/06 fo- llow-up mailing	Category/ Type	Senate District: 05 Presidential
Name of Federal Candidate supported or Oppose Fred Morgan	d by expenditure:	Check One: X Support Oppose Disbursement For: X Primary General 200
Calendar Year-To-Date Per Election for Office Sought	10000.00	Other (specify) :

(a) SUBTOTAL of Itemized Independent Expenditures		10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00
(c) TOTAL Independent Expenditures		20000.00
Under penalty of perjury I certify that the independent expenditure or at the request or suggestion of, any candidate or authorized co	·	
committee) any political party committee or its agent.		ntity is not a political party

Image# 26960116219

IIIage# 20900110	213
Form/Schedule: F3XA Transaction ID:	This amended report clarifies that the 3/23/06 Independent Expenditure is for three separate activities.
******	***************************************