

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 10 01 2005 through 10 31 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Benjamin Bank
Signature of Treasurer Electronically Filed by Benjamin Bank Date 03 13 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		313215.30
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period	333540.00									
(c) Total Receipts (from Line 19)	72827.59	461997.17								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	406367.59	775212.47								
7. Total Disbursements (from Line 31)	13383.35	382228.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	392984.24	392984.24								
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	5

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	63143.02	405146.77
(i) Itemized (use Schedule A)	9467.50	51390.50
(ii) Unitemized	72610.52	456537.27
(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)	72610.52	456537.27
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.)	217.07	5459.90
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))	72827.59	461997.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	72827.59	461997.17

DETAILED SUMMARY PAGE
of Disbursements

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.....	1058.35	12561.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1058.35	12561.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	367500.00
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	825.00	2166.25
(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))	825.00	2166.25
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))..	13383.35	382228.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	13383.35	382228.23

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)	72610.52	456537.27
34. Total Contribution Refunds (from Line 28(d))	825.00	2166.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	71785.52	454371.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1058.35	12561.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1058.35	12561.98

**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 / 69
	<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)
Frank Accardi

Mailing Address 114 E 27th Street

City State Zip Code
New York NY 10016-8969

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 2WHD2V441868

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Gilberto Aguirre

Mailing Address 9110 Rushing Street

City State Zip Code
San Antonio TX 78230-4438

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
1 0 / 1 7 / 2 0 0 5

Transaction ID: 2WHBS1323421

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Belu Allam

Mailing Address 17202 Red Oak Drive Suite 312

City State Zip Code
Houston TX 77090-2639

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 ▼ 273.75

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 0 5

Transaction ID: 40171-86075991392136

Amount of Each Receipt this Period
91.25

3rd of 4 PAC

SUBTOTAL of Receipts This Page (optional)	▶	956.25
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: (check only one)	PAGE 7 / 69
	<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	

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

Full Name (Last, First, Middle Initial) A. Omar Almallah		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 5
Mailing Address the Focus Center 20 Mule Road		Transaction ID: 40208-34475344419479
City Toms River State NJ Zip Code 08755-5028	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	2nd of 4 PAC	
Name of Employer self Occupation 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) B. Barbara Arnold		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address Suite 201 7275 East Southgate Drive		Transaction ID: 1QJLVT8NRGW2R
City Sacramento State CA Zip Code 95823-2628	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBUTION	
Name of Employer self Occupation 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. Robert Bahr		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address 150 E Manning Street		Transaction ID: 2WGR9H504799
City Providence State RI Zip Code 02906-5109	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 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) ▶	1115.00
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 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Victoria Bartolomei

Mailing Address 431 Calle Cesar Gonzalez

City San Juan State PR Zip Code 00918-2639

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
1 0 / 0 4 / 2 0 0 5

Transaction ID: 2WGPH5426513

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Ivan Baumwell

Mailing Address Sewickley Eye Center
527 Broad Street

City Sewickley State PA Zip Code 15143-1780

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 2WHD2V804446

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Laura Bealer

Mailing Address Eye Physicians and Suree
500 Irvin Court

City Decatur State GA Zip Code 30030-1705

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 1K2WHCI1NY1MO1

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 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial) Rick Bendel		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 4500 San Pablo Road		Transaction ID: 1F2WHD37D11MO1	
City State Zip Code Jacksonville FL 32224-1865	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) ▼			

B. Full Name (Last, First, Middle Initial) Janet Betchkal		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 1820 Barrs Street Dillon Building Suite 134		Transaction ID: 1OM11C33DHW28	
City State Zip Code Jacksonville FL 32204-4742	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) ▼			

C. Full Name (Last, First, Middle Initial) Kathleen Ackman Blake		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 5	
Mailing Address 1420 S Plymouth Court		Transaction ID: 2WH4TL668375	
City State Zip Code Chicago IL 60605-2729	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) ▶	1095.00
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 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Andrew Blatt

Mailing Address Suite 220
675 Old Ballas Road

City State Zip Code
St. Louis MO 63141-7083

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
1 0 / 0 4 / 2 0 0 5

Transaction ID: 2WGP8I241683

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Ronald Brockman

Mailing Address 1307 8th Avenue

City State Zip Code
Thompson ND 58278-9231

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: N72WHCLKIB1MO1

Amount of Each Receipt this Period
250.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 401 Meridian Street
Suite 400

City State Zip Code
Huntsville AL 35801-4720

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 2WHCKF284418

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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 11 / 69
	<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	

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

Full Name (Last, First, Middle Initial) A. Jorge Campana		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 5	
Mailing Address 6201 Leesburg Park #200		Transaction ID: 2WHNV6459850	
City Falls Church	State VA	Zip Code 22044-2201	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
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. Keith Carter		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5	
Mailing Address Univ Ia Hosp Ophth 200 Hawkins Drive		Transaction ID: 2WGRA8974238	
City Iowa City	State IA	Zip Code 52242-1009	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
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. Betty Cervenak		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5	
Mailing Address 203 Palisade Avenue		Transaction ID: 2WH4TL656368	
City Jersey City	State NJ	Zip Code 07306-1112	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
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 ▼ 1000.00		

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 12 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Jack Mabry Chapman

Mailing Address 2061 Beverly Road

City State Zip Code
Gainesville GA 30501-2034

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 2WHCTG785882

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Mohsin Cheema

Mailing Address 16 W Bridge Street Suite 4

City State Zip Code
Saugerties NY 12477-1415

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
1 0 / 2 7 / 2 0 0 5

Transaction ID: 1P5C39DJ0ZUEF

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Laurie Chefitz

Mailing Address 7 Taylor Road

City State Zip Code
Short Hills NJ 07078

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
1 0 / 2 5 / 2 0 0 5

Transaction ID: 2WHPY4134702

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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 13 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Murray Christianson

Mailing Address 20242 Ronsdale Drive

City State Zip Code
Beverly Hills MI 48025-3860

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 ▼ 363.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 5

Transaction ID: 2WH4TL128976

Amount of Each Receipt this Period
363.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Carl Clavenna

Mailing Address Clavenna Vision Institute
600 S Adams Road Suite 200

City State Zip Code
Birmingham MI 48009-6863

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
1 0 / 2 8 / 2 0 0 5

Transaction ID: NPEUZEILAXG7P1

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address Suite 200
2 Wisconsin Circle

City State Zip Code
Chevy Chase MD 20815-7003

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 ▼ 273.75

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 5

Transaction ID: 40171-44242495298386

Amount of Each Receipt this Period
91.25

3rd of 4 PAC

SUBTOTAL of Receipts This Page (optional)	819.25
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: (check only one)	PAGE 14 / 69
	<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	

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

Full Name (Last, First, Middle Initial) A. Dean Conger		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address Eye Crast Pllc 426 Southwest 153rd Street		Transaction ID: 40171-67013186216355
City State Zip Code Seattle WA 98166-2215	Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C	3rd of 4 PAC	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 273.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thomas Conklin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 5
Mailing Address Suite 22 294 E Moana Lane		Transaction ID: 06595-65371340513230
City State Zip Code Reno NV 89502-4641	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	PAC 2nd of 4	
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. H. Paul Cooler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5
Mailing Address 320-A Midland Parkway		Transaction ID: 2WGP8I538636
City State Zip Code Summerville SC 29485-8113	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) ▶	706.25
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: (check only one)	PAGE 15 / 69
	<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	

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

Full Name (Last, First, Middle Initial) A. Scott Corin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address Suite 110 500 Faunce Corner Road		Transaction ID: 1FEUZJOLEZWDP1
City State Zip Code North Dartmouth MA 02747-1278	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBUTION	
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) B. Philip James Deer		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address Suite 133 8500 West Markham		Transaction ID: 2WGQXU753531
City State Zip Code Little Rock AR 72205-2453	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) ▼		

Full Name (Last, First, Middle Initial) C. Michael Deitz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 5
Mailing Address 475 Bradley Boulevard		Transaction ID: 1F2WGZZFK71701
City State Zip Code Richland WA 99352-4419	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) ▼		

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 16 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial) Richard DeLuca		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 5	
Mailing Address Apt. 7E 12 E 22nd Street		Transaction ID: EUZEZN328428	
City State Zip Code New York NY 10010-6111	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Batch Tool - PAC		
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) ▼			

B. Full Name (Last, First, Middle Initial) Patrick Dennis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 1 / 2 0 0 5	
Mailing Address 116-B Ashley Avenue		Transaction ID: 40342-44950503110886	
City State Zip Code Charleston SC 29401-1249	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	3rd of 4 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) ▼			

C. Full Name (Last, First, Middle Initial) Patrick Dennis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 5	
Mailing Address 116-B Ashley Avenue		Transaction ID: 1PBRA7BEIZUES	
City State Zip Code Charleston SC 29401-1249	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBUTION		
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) ▶	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 17 / 69
	<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

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

A. Full Name (Last, First, Middle Initial) Gary Denslow		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address Suite 110 6606 S Yale Avenue		Transaction ID: 2WHD55112749
City State Zip Code Tulsa OK 74136-3364	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) ▼		

B. Full Name (Last, First, Middle Initial) Steven Dingeldein		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address Alamance Eye Center 1214 Vaughn Road		Transaction ID: 2WHCKF314535
City State Zip Code Burlington NC 27217-2863	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) ▼		

C. Full Name (Last, First, Middle Initial) Patrick Droste		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address 5050 Cascade Road Southeast		Transaction ID: EUZEZN312377
City State Zip Code Grand Rapids MI 49546-3725	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) ▶	3000.00
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 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Jeffrey Edelstein

Mailing Address 2905 West Warner Road
Suite 20

City Chandler State AZ Zip Code 85224-1674

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
1 0 / 2 8 / 2 0 0 5

Transaction ID: 1P7HCQP5FZUET

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Albert Edwards

Mailing Address 3215 Princess Lane

City Dallas State TX Zip Code 75229-5021

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
1 0 / 3 1 / 2 0 0 5

Transaction ID: 1PDWY5DMJZUEP

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Richard Eiferman

Mailing Address 6400 Dutchmans Parkway
Suite 220

City Louisville State KY Zip Code 40205-3340

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
1 0 / 2 5 / 2 0 0 5

Transaction ID: 2WHPY4744612

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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 19 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial) Randal Ellsworth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 5	
Mailing Address 1735 N State St Excel Eye Ctr		Transaction ID: 2WGZLG888566	
City Provo State UT Zip Code 84604-1010		Amount of Each Receipt this Period 51.67	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.67	

B. Full Name (Last, First, Middle Initial) Randal Ellsworth		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5	
Mailing Address 1735 N State St Excel Eye Ctr		Transaction ID: 2WGR23759019	
City Provo State UT Zip Code 84604-1010		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 Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.67	

C. Full Name (Last, First, Middle Initial) John Favetta		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5	
Mailing Address 70 Ridge Road		Transaction ID: 40171-00022524595260	
City North Arlington State NJ Zip Code 07031-6318		Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C		3rd of 4 PAC	
Name of Employer self Occupation Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 273.75	

SUBTOTAL of Receipts This Page (optional) ▶	507.92
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 20 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial) Elliot Finkelstein Mailing Address 1371 Beacon Street #100 City Brookline State MA Zip Code 02446-4965 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5 Transaction ID: QF2WHCKIGB1MO1 Amount of Each Receipt this Period 500.00 PACWEB GENERATED CONTRIBUTION
Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) John Fish Mailing Address 207 E 7th City Big Spring State TX Zip Code 79720-2706 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 5 Transaction ID: 2WGPH5144882 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C. Full Name (Last, First, Middle Initial) John Flaxel Mailing Address Bay Eye Clinic 3585 Broadway City North Bend State OR Zip Code 97459-1251 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 5 Transaction ID: EUZ091886838 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
Name of Employer self Occupation Ophthalmologist 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)	▶	1365.00
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 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial) David Forster		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 6231 Leesburg Pike		Transaction ID: 39813-78216189146042
City Falls Church	State VA	Zip Code 22044-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.25
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 ▼ 273.75	3 of 4 PAC

B. Full Name (Last, First, Middle Initial) Ezra Galler		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address Suite 301 333 School Street		Transaction ID: 2WHCKF129328
City Pawtucket	State RI	Zip Code 02860-5334
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
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	Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Thomas Gardner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 756 Marion Street		Transaction ID: 2WHCTG364084
City Denver	State CO	Zip Code 80218-3434
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
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 ▼ 730.00	Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶	821.25
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: (check only one)	PAGE 22 / 69
	<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	

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

Full Name (Last, First, Middle Initial) A. Thomas Gardner		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address 756 Marion Street		Transaction ID: EUZEZN541349
City State Zip Code Denver CO 80218-3434	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 365.00
Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

Full Name (Last, First, Middle Initial) B. John Geanon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 5
Mailing Address 5709 Sandhill Drive		Transaction ID: 2WGP8I712324
City State Zip Code Middleton WI 53562-5250	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 365.00
Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Sanjay Goel		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 5
Mailing Address 5824 Wild Orange Gate		Transaction ID: EUZEZN231383
City State Zip Code Columbia MD 21029-1656	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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 23 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial) R. Thad Goodwin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 5
Mailing Address Suite 102 5246 Red Cedar Drive		Transaction ID: 40171-00432986021041
City State Zip Code Fort Myers FL 33907-4542	Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C		3rd of 4 PAC
Name of Employer self self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.75	

B. Full Name (Last, First, Middle Initial) Kurt W. Guelzow		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address Vistar Eye Center PO Box 1789		Transaction ID: 2WHCTG122227
City State Zip Code Roanoke VA 24008-1789	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
Name of Employer self self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Carroll Haines		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address Suite A 515 Thompson Street		Transaction ID: 2WGR9H082758
City State Zip Code Eden NC 27288-5068	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
Name of Employer self self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional) ▶	956.25
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 24 / 69
	<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	

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

Full Name (Last, First, Middle Initial) A. Lealis Hale		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address White Wilson Medical Center 1005 Mar Walt Drive		Transaction ID: K32WHCL4HB1MO1
City State Zip Code Fort Walton Beach FL 32547-6707	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. John Haley		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 5
Mailing Address Garland Ophthalmology Center 1626 Forest Lane Suite B		Transaction ID: 40163-66454714536667
City State Zip Code Garland TX 75042-7943	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		4th of 4 PAC
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Nancy Holekamp		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address Barnes Retina Inst 1600 S Brentwood Suite 800		Transaction ID: 2WGQXU854245
City State Zip Code St. Louis MO 63144-1317	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
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) ▶	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 25 / 69
	<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

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

A. Full Name (Last, First, Middle Initial) Cleve Howard		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5	
Mailing Address 3200 Southwest 60th Court Suite 10		Transaction ID: 2WGP8I567063	
City State Zip Code Miami FL 33155-4069	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) ▼			

B. Full Name (Last, First, Middle Initial) Darrel Huff		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5	
Mailing Address Suite 1340 8244 E US Highway 36		Transaction ID: 2WH4HO653247	
City State Zip Code Avon IN 46123-9575	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) ▼			

C. Full Name (Last, First, Middle Initial) Jesse Hunsaker		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 5	
Mailing Address 12 North 1100 E		Transaction ID: 2WGLG846428	
City State Zip Code American Fork UT 84003-2952	Amount of Each Receipt this Period 51.67		
FEC ID number of contributing federal political committee. C	Batch Tool - PAC		
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 416.67		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	666.67
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 26 / 69
	<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	

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

Full Name (Last, First, Middle Initial) A. Jesse Hunsaker		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 5	
Mailing Address 12 North 1100 E		Transaction ID: 2WGR23337078	
City State Zip Code American Fork UT 84003-2952		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			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.67	

Full Name (Last, First, Middle Initial) B. David Hunt		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 5	
Mailing Address Suite 301 331 Laidley Street		Transaction ID: 2WGPH5343181	
City State Zip Code Charleston WV 25301-1619		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist			
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) C. Steven Hunter		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 5	
Mailing Address 641 Farmington Avenue		Transaction ID: 1CEUZESFKYG7P1	
City State Zip Code Bristol CT 06010-3953		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		PACWEB GENERATED CONTRIBUTION	
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1115.00
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:	PAGE 27 / 69
	(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

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

Full Name (Last, First, Middle Initial) A. W. Jackson Iloff		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 5
Mailing Address Suite 7 4 W Rolling Crossroads		Transaction ID: 39813-51841372251511
City State Zip Code Catonsville MD 21228-6280	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		2nd of 4 PAC
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 ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Edward Isbey		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address Asheville Eye Associates 8 Medical Park Drive		Transaction ID: 2WHCTG677578
City State Zip Code Asheville NC 28803-2493	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
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. Gary Jamell		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address Suite 120 3601 S Clarkson Street		Transaction ID: 2WGQXU646105
City State Zip Code Englewood CO 80113-3944	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
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) ▶	990.00
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 28 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Gordon Johns

Mailing Address Pacific Cataract and Laser Inst
2517 Northeast Kresky Road

City State Zip Code
Chehalis WA 98532-2409

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
1 0 / 1 3 / 2 0 0 5

Transaction ID: 2WH4TL613137

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Donna Johnson

Mailing Address 7257 South Jeffrey Boulevard

City State Zip Code
Chicago IL 60649-3014

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
1 0 / 0 4 / 2 0 0 5

Transaction ID: 2WGPH5875924

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Leslie Jones

Mailing Address 5803 Summers Grove Road

City State Zip Code
Alexandria VA 22304-7300

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 2WHCTG381435

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
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 29 / 69
	<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	

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

Full Name (Last, First, Middle Initial) A. Rebecca Jones		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 5
Mailing Address 1424 East Front Street		Transaction ID: 40171-70406740903855
City State Zip Code Tyler TX 75702-8501	Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C	3rd of 4 PAC	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 273.75	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen Kamenetzky		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address 340 New Salem Drive		Transaction ID: 1OM1ZAVJCHW2D
City State Zip Code St. Louis MO 63141-8349	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBUTION	
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. Seth Kaplan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address 1541 W Altgeld Street		Transaction ID: 2WGQXU247888
City State Zip Code Chicago IL 60614-2001	Amount of Each Receipt this Period 225.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	816.25
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: (check only one)	PAGE 30 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Brian Keel

Mailing Address 11800 Rock Landing Drive

City State Zip Code
Newport News VA 23606-4206

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 152WHCHAHEY1MO1

Amount of Each Receipt this Period
1000.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Melissa Kern

Mailing Address 1635 N George Mason Drive #100

City State Zip Code
Arlington VA 22205-3604

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
1 0 / 0 4 / 2 0 0 5

Transaction ID: 2WGPH5808043

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Mary Frances Kerr

Mailing Address 3600 Colewood Drive

City State Zip Code
Nashville TN 37215-3259

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 2WHD55247140

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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 31 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Spero Kinnas

Mailing Address 539 60th Place

City State Zip Code
Burr Ridge IL 60527-5187

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 1OM1EAQXCHW2V

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Scott Kirk

Mailing Address 7427 Lake Street

City State Zip Code
River Forest IL 60305-1817

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
1 0 / 2 1 / 2 0 0 5

Transaction ID: 40163-45864504575729

Amount of Each Receipt this Period
125.00

2nd of 4 PAC

C. Full Name (Last, First, Middle Initial)
Paula Ko

Mailing Address Eye Physicians and Surgeons
1207 N Scott Street

City State Zip Code
Wilmington DE 19806-4059

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
1 0 / 1 1 / 2 0 0 5

Transaction ID: 2WH4E0417048

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	990.00
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 32 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Jeffrey Lander

Mailing Address 309 Leader Heights Road

City York State PA Zip Code 17402-5024

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
1 0 / 0 4 / 2 0 0 5

Transaction ID: 2WGPH5882723

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Howard Lazarus

Mailing Address American Eye Institute
519 State Street

City New Albany State IN Zip Code 47150-3620

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
1 0 / 2 8 / 2 0 0 5

Transaction ID: EUZEZN716586

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 3805A Spring Street
PO Box 1677

City Racine State WI Zip Code 53405-1600

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
1 0 / 3 1 / 2 0 0 5

Transaction ID: EUZKGX663535

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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 33 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
William Lesko

Mailing Address 1005 Clifton Avenue

City Clifton State NJ Zip Code 07013-3520

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
1 0 / 2 5 / 2 0 0 5

Transaction ID: 2WHPY4305848

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Jay Harris Levy

Mailing Address Suite 301
100 Northwest 170th Street

City North Miami Beach State FL Zip Code 33169-5513

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
1 0 / 0 7 / 2 0 0 5

Transaction ID: 2WGUCI025267

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Andrew Lewis

Mailing Address 102 Dawn Place

City Yorktown State VA Zip Code 23693-3628

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
1 0 / 1 7 / 2 0 0 5

Transaction ID: 2WHBS1144772

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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 34 / 69		
	<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

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

A. Full Name (Last, First, Middle Initial)
Mark Lindsay

Mailing Address 2725 E 29th Street

City State Zip Code
Bryan TX 77802-2504

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 ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 5

Transaction ID: 2WH4E0689174

Amount of Each Receipt this Period
25.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Norman Linton

Mailing Address 1172 East Highway Six Suite 4

City State Zip Code
Payson UT 84651-1668

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 ▼ 416.67

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 5

Transaction ID: 2WGWZLG119027

Amount of Each Receipt this Period
51.67

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Norman Linton

Mailing Address 1172 East Highway Six Suite 4

City State Zip Code
Payson UT 84651-1668

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 ▼ 416.67

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 5

Transaction ID: 2WGR23005634

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	441.67
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 35 / 69
	<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. Mark Lister		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5	
Mailing Address 10 Crestview Court		Transaction ID: 2WGPH5677315	
City State Zip Code Montclair NJ 07042-1702	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) ▼			

Full Name (Last, First, Middle Initial) B. W. Scott Lohner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 5	
Mailing Address Excel Eye Center Orem 700 W 800 N Suite 160		Transaction ID: 2WGLZG213248	
City State Zip Code Orem UT 84057-6304	Amount of Each Receipt this Period 51.67		
FEC ID number of contributing federal political committee. C	Batch Tool - PAC		
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 416.67		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. W. Scott Lohner		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5	
Mailing Address Excel Eye Center Orem 700 W 800 N Suite 160		Transaction ID: 2WGR23209112	
City State Zip Code Orem UT 84057-6304	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 ▼ 416.67		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	781.67
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 36 / 69
<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

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

A. Full Name (Last, First, Middle Initial)
Richard Mackool

Mailing Address 31-27 41st Street

City Astoria State NY Zip Code 11103-3901

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
1 0 / 3 1 / 2 0 0 5

Transaction ID: 1PDWEVUUJZUE9

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
G. Brock Magruder

Mailing Address 121 W Underwood Street

City Orlando State FL Zip Code 32806-1111

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
1 0 / 1 3 / 2 0 0 5

Transaction ID: 2WH4HO498292

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Louis Maisel

Mailing Address Suite 102
20 Squadron Boulevard

City New City State NY Zip Code 10956-5200

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 1OM1FTO0DHW2Z

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	1095.00
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 37 / 69
	<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	

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

Full Name (Last, First, Middle Initial) A. Masud Malik		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address Suite 4 5701 Strathmoor Drive		Transaction ID: 2WH4TL387092
City State Zip Code Rockford IL 61107-5182	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 282.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Masud Malik		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 5
Mailing Address Suite 4 5701 Strathmoor Drive		Transaction ID: 39813-42016237974167
City State Zip Code Rockford IL 61107-5182	Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C	2nd of 4 PAC	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 282.50	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mark Mannis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address Uc Davis Department of Ophthalmolo 4860 Y Street #2400		Transaction ID: 2WHBE0347857
City State Zip Code Sacramento CA 95817-2307	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 ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	391.25
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: (check only one)	PAGE 38 / 69
	<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	

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

Full Name (Last, First, Middle Initial) A. Craig Marcus		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address 4212 Hempstead Turnpike		Transaction ID: 2WH4HO391473
City State Zip Code Bethpage NY 11714-5701	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard Margolies		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5
Mailing Address Suite 205 3355 Burns Road		Transaction ID: 1PDWIAE7KZUEA
City State Zip Code Palm Beach Gardens FL 33410-4353	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBUTION	
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. Stephen Martin		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 4 / 2 0 0 5
Mailing Address PO Box 785		Transaction ID: 2WGPH5232804
City State Zip Code Presque Isle ME 04769-0785	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
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) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
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 39 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Robert Mathews

Mailing Address 1501 Northeast Medical Center Driv

City State Zip Code
Bend OR 97701-6051

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
1 0 / 0 5 / 2 0 0 5

Transaction ID: 2WGR9H560228

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Ronald May

Mailing Address 740 Waukegan Road Suite 360

City State Zip Code
Deerfield IL 60015-4374

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
1 0 / 1 3 / 2 0 0 5

Transaction ID: 2WH4HO963908

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Connie McCaa

Mailing Address Unv MS Med Center/McBryde Building
2500 North State Street/3rd Floor

City State Zip Code
Jackson MS 39216-4500

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 5

Transaction ID: 2WHCKF534801

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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 40 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
David McClure

Mailing Address 1255 Pineview Drive

City State Zip Code
Morgantown WV 26505-2713

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 5

Transaction ID: 40171-07110232114791

Amount of Each Receipt this Period
250.00

3rd of 4 PAC

B. Full Name (Last, First, Middle Initial)
Bobby McCullen

Mailing Address 2325 Aberdeen Boulevard Suite A

City State Zip Code
Gastonia NC 28054-0614

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
1 0 / 1 1 / 2 0 0 5

Transaction ID: 2WH4E0638184

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
M. Lisa McHam

Mailing Address 2110 Dorchester Avenue

City State Zip Code
Boston MA 02124-5628

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 2WHCTG522892

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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 41 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Michael Miller

Mailing Address 2480 S Downing Street #100

City State Zip Code
Denver CO 80210-5843

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 2WHCKF160903

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite 110
301 Health Park Boulevard

City State Zip Code
St. Augustine FL 32086-5793

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
1 0 / 2 6 / 2 0 0 5

Transaction ID: EUYYUH916158

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Karl Olsen

Mailing Address 3501 Forbes Avenue Suite 500

City State Zip Code
Pittsburgh PA 15213-3317

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
1 0 / 0 4 / 2 0 0 5

Transaction ID: 2WGPH5844747

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1115.00
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 42 / 69
<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

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

Full Name (Last, First, Middle Initial) A. S. Richard Ombres		Date of Receipt MM / DD / YYYY 10 / 18 / 2005
Mailing Address 1000 N Olive Avenue		Transaction ID: 2WHCTG151335
City State Zip Code West Palm Beach FL 33401-3512	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 365.00
Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Mark Ozog		Date of Receipt MM / DD / YYYY 10 / 31 / 2005
Mailing Address Ozog Eye Care and Laser Center 1417 9th Street South #100		Transaction ID: 40171-50651186704636
City State Zip Code Great Falls MT 59405-4509	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 91.25
Name of Employer self self	Occupation Ophthalmologist	3rd of 4 PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.75	

Full Name (Last, First, Middle Initial) C. Karl Pappa		Date of Receipt MM / DD / YYYY 10 / 13 / 2005
Mailing Address 4847 Pleasant Valley Drive		Transaction ID: 2WH4TL401387
City State Zip Code Columbus OH 43220-5410	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 365.00
Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	821.25
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: (check only one)	PAGE 43 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Matthew Parsons

Mailing Address Excel Eye Center
1735 North State Street

City Provo State UT Zip Code 84604-1010

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 ▼ 416.67

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 5

Transaction ID: 2WGZLG261415

Amount of Each Receipt this Period
51.67

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Matthew Parsons

Mailing Address Excel Eye Center
1735 North State Street

City Provo State UT Zip Code 84604-1010

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 ▼ 416.67

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 5

Transaction ID: 2WGR23295650

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Bryan Paul Pechous

Mailing Address 300 N Grandview Avenue

City Dubuque State IA Zip Code 52001-6360

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 ▼ 730.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 6 / 2 0 0 5

Transaction ID: 3793100510263276312

Amount of Each Receipt this Period
365.00

AM OF CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	781.67
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 44 / 69
	<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)
Bryan Paul Pechous

Mailing Address 300 N Grandview Avenue

City State Zip Code
Dubuque IA 52001-6360

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 ▼ 730.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 5

Transaction ID: EUZEZN073138

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Gregory Persak

Mailing Address Center for Eye Care
360 Montauk Highway

City State Zip Code
West Islip NY 11795-4403

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 8E2WHCLTJB1MO1

Amount of Each Receipt this Period
250.00

PACWEB GENERATED CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
John Pollack

Mailing Address Illinois Retina Associates
300 Barney Dr.; Suite D

City State Zip Code
Joliet IL 60435-5279

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 ▼ 730.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 5

Transaction ID: EUZKGX286652

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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 45 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Arnold Prywes

Mailing Address 4212 Hempstead Turnpike

City State Zip Code
Bethpage NY 11714-5701

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 5

Transaction ID: 2WH4HO440652

Amount of Each Receipt this Period
100.00

Batch Tool - PAC

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

Mailing Address 700 W Kent Avenue

City State Zip Code
Missoula MT 59801-6772

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 172WHD421K1MO1

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Jeffrey Rinkoff

Mailing Address 841 Alder Creek Drive

City State Zip Code
Medford OR 97504-8900

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
1 0 / 0 4 / 2 0 0 5

Transaction ID: 2WGPH5540279

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	830.00
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 46 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Joy Dixon Robinson

Mailing Address 23 Castle Haven Road

City State Zip Code
Hampton VA 23666-6032

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
1 0 / 2 7 / 2 0 0 5

Transaction ID: EUZ091877562

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Catherine Rommel

Mailing Address Manning and Rommel Associates
2128 Embassy Drive

City State Zip Code
Lancaster PA 17603-2385

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 2WHD55961762

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
J. Gregory Rosenthal

Mailing Address 2865 N Reynolds Road

City State Zip Code
Toledo OH 43615-2068

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: H42WHCMMKB1MO1

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 47 / 69
	<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) Robert Rothman		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address 58 Marian Lane		Transaction ID: 2WH4HO703269
City State Zip Code Jericho NY 11753-1841	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Walter Rotkis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5
Mailing Address Suite 1420 1221 Madison Street		Transaction ID: 2WGP3I893638
City State Zip Code Seattle WA 98104-3588	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) ▼		

C. Full Name (Last, First, Middle Initial) Michael Ruddat		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 5 / 2 0 0 5
Mailing Address Suite 822 85 Seymour Street		Transaction ID: 2WGXU641277
City State Zip Code Hartford CT 06106-5501	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) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	715.00
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 48 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
J. Avery Rush

Mailing Address 7308 Fleming Avenue

City State Zip Code
Amarillo TX 79106-1829

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
1 0 / 1 3 / 2 0 0 5

Transaction ID: 2WH4TL777313

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Felix Sabates

Mailing Address 400 W 49th Terrace

City State Zip Code
Kansas City MO 64112-2407

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
1 0 / 3 1 / 2 0 0 5

Transaction ID: EUZKGX940313

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Alan Salz

Mailing Address 201 Union Avenue Building 2F

City State Zip Code
Bridgewater NJ 08807-3002

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
1 0 / 0 4 / 2 0 0 5

Transaction ID: 2WGPH5361682

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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 49 / 69
<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

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

Full Name (Last, First, Middle Initial) A. Thomas Samuelson		Date of Receipt MM / DD / YYYY 10 / 04 / 2005
Mailing Address 710 E 24th Street Suite 106		Transaction ID: 2WGPH5428610
City Minneapolis	State MN	Zip Code 55404-3810
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
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. Joseph Sassani		Date of Receipt MM / DD / YYYY 10 / 18 / 2005
Mailing Address Hershey Medical Center 500 University Drive		Transaction ID: 8W2WHCK7GB1MO1
City Hershey	State PA	Zip Code 17033-2360
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self 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. Robert Sax		Date of Receipt MM / DD / YYYY 10 / 30 / 2005
Mailing Address 2222 6th Avenue		Transaction ID: 40208-57381838560104
City Troy	State NY	Zip Code 12180-2203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer self self	Occupation Ophthalmologist	3rd of 4 PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	▶	875.00
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 50 / 69
	<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	

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

Full Name (Last, First, Middle Initial) A. Kirk Scattergood		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 5
Mailing Address 2253 W Mason Street		Transaction ID: 40171-17966860532760
City State Zip Code Green Bay WI 54303-4706	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C	3rd of 4 PAC	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 375.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bruce Schwartz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address Bluth; Gerber and Schwartz Eye Car 707 N Michigan Street Suite 210		Transaction ID: 2WHD2V882406
City State Zip Code South Bend IN 46601-1069	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) ▼		

Full Name (Last, First, Middle Initial) C. Donald Schwartz		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5
Mailing Address Suite 108 2650 Elm Avenue		Transaction ID: 2WH4TL579231
City State Zip Code Long Beach CA 90806-1651	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) ▶	855.00
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 51 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Kevin Scott

Mailing Address Eye Plastic Assoc Pc
3700 Joseph Siewick Drive Suite 40

City State Zip Code
Fairfax VA 22033-1745

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 2WHCTG361217

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Glenn Shear

Mailing Address Suite 114
33 Upper Riverdale Road Southwest

City State Zip Code
Riverdale GA 30274-2626

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
1 0 / 0 5 / 2 0 0 5

Transaction ID: 2WGQXU294599

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Richard Sherry

Mailing Address Suite 234
2500 Grubb Road

City State Zip Code
Wilmington DE 19810-4799

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 ▼
273.75

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 5

Transaction ID: 39813-17387026548385

Amount of Each Receipt this Period
91.25

3 of 4 PAC

SUBTOTAL of Receipts This Page (optional)	▶	1091.25
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: (check only one)	PAGE 52 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Mitsugu Shimmyo

Mailing Address Room 203
345 E 37th Street

City State Zip Code
New York NY 10016-3256

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 2WHCTG751717

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Samuel Solish

Mailing Address 53 Sewall Street

City State Zip Code
Portland ME 04102-2625

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

Name of Employer Eyecare Medical Group Occupation
Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 5

Transaction ID: 1P5CBT6OZYUEG

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 1 Erie Court Suite 6140

City State Zip Code
Oak Park IL 60302-2510

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
1 0 / 0 5 / 2 0 0 5

Transaction ID: 2WGQXU575456

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
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 53 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
John Stabile

Mailing Address 111 Dean Drive

City State Zip Code
Tenafly NJ 07670-2764

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
1 0 / 0 8 / 2 0 0 5

Transaction ID: 1SBWWQV5WGW26

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 2703 Cranlyn Road

City State Zip Code
Shaker Heights OH 44122-2003

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
1 0 / 0 7 / 2 0 0 5

Transaction ID: 2WGUL4081244

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Sadiqa Stelzner

Mailing Address Santa Monica Eye and Medical Group
1908 Santa Monica Boulevard Suite

City State Zip Code
Santa Monica CA 90404-1927

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 10M1YHJHCHW28

Amount of Each Receipt this Period
1000.00

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 54 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
John Logan Stone

Mailing Address Southeastern Retina Associates
979 East Third Street Suite C235

City State Zip Code
Chattanooga TN 37403-3309

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
1 0 / 0 4 / 2 0 0 5

Transaction ID: 2WGPH5336361

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Sharon Taylor

Mailing Address Suite 150
5900 Corporate Drive

City State Zip Code
Pittsburgh PA 15237-7005

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 0 5

Transaction ID: 1ODGOYAX5HW2F

Amount of Each Receipt this Period
400.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 120 S 1025 E

City State Zip Code
Lindon UT 84042

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 ▼ 416.67

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 5

Transaction ID: 2WGZLG243669

Amount of Each Receipt this Period
51.67

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	816.67
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 55 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
James Theurer

Mailing Address 120 S 1025 E

City Lindon State UT Zip Code 84042

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 ▼ 416.67

Date of Receipt
MM / DD / YYYY
10 / 06 / 2005

Transaction ID: 2WGTGO524000

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
C. Howell Tucker

Mailing Address Eye Consultants of Atlanta
101 Yorktown Drive Suite 225

City Fayetteville State GA Zip Code 30214-1568

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
MM / DD / YYYY
10 / 19 / 2005

Transaction ID: 2WHEYR266645

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Ukeme Umana

Mailing Address 3 Walden Road

City Carbondale State IL Zip Code 62903-8211

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
MM / DD / YYYY
10 / 04 / 2005

Transaction ID: 2WGP5347532

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1095.00
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 56 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Irene Voo

Mailing Address 5606 San Palazzo Court

City State Zip Code
Las Vegas NV 89141-3913

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

Name of Employer Occupation
Retina Consultants of Nevada Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2005

Transaction ID: 1P9M6U1LGZUEY

Amount of Each Receipt this Period
300.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Michael Vrabec

Mailing Address Valley Eye Associates
21 Park Place

City State Zip Code
Appleton WI 54914-8872

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

Name of Employer Occupation
self Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 273.75

Date of Receipt
M M / D D / Y Y Y Y
10 / 27 / 2005

Transaction ID: 40171-10062807798385

Amount of Each Receipt this Period
91.25

3rd of 4 PAC

C. Full Name (Last, First, Middle Initial)
R. Bruce Wallace

Mailing Address 4110 Parliament Drive

City State Zip Code
Alexandria LA 71303-2717

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

Name of Employer Occupation
self Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 13 / 2005

Transaction ID: 2WH4TL544868

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	891.25
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: (check only one)	PAGE 57 / 69
<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

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

Full Name (Last, First, Middle Initial) A. W. Lee Wan		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 5	
Mailing Address Suite 200 1700 N Rose Avenue		Transaction ID: 40244-52770632505417	
City Oxnard State CA Zip Code 93030-3790	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C		2nd of 4 PAC	
Name of Employer Coastal Eye Specialists Occupation 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) B. Gerald Ware		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address Retina Associates 9800 Lile Drive Suite 200		Transaction ID: 2WHCKF677680	
City Little Rock State AR Zip Code 72205-6243	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation 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. Philip Watkins		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address Va Hosp Eent Clinic 112A 1501 San Pedro Southeast		Transaction ID: 2WHD55597500	
City Albuquerque State NM Zip Code 87108-5153	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 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) ▶	990.00
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 58 / 69
	<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	

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

Full Name (Last, First, Middle Initial) A. R. Aileen Webb		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 5	
Mailing Address Suite 409 2010 Church Street		Transaction ID: 2WH4TL269494	
City Nashville State TN Zip Code 37203-2012	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
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. Aaron Weingeist		Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 5	
Mailing Address 3934 S Americus Street		Transaction ID: 6X2WHCN3LB1MO1	
City Seattle State WA Zip Code 98118-1640	Amount of Each Receipt this Period 135.00		
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. Joseph Weinstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 6 / 2 0 0 5	
Mailing Address 4212 Hempstead Turnpike		Transaction ID: 2WGSWT679181	
City Bethpage State NY Zip Code 11714-5701	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
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 59 / 69
	<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	

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

A. Full Name (Last, First, Middle Initial)
Robert Welch

Mailing Address 526 H Shoup Avenue West

City State Zip Code
Twin Falls ID 83301-5050

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 2WHD2V695873

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Jess Wesberry

Mailing Address 2900 S Perkins Road

City State Zip Code
Memphis TN 38118-3237

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
1 0 / 1 8 / 2 0 0 5

Transaction ID: 2WHCKF444899

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 900 Med Circle

City State Zip Code
Myrtle Beach SC 29572-4114

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 5

Transaction ID: 39813-01681154966354

Amount of Each Receipt this Period
625.00

2nd of 4 PAC

SUBTOTAL of Receipts This Page (optional)	▶	1355.00
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 60 / 69
	<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	

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

Full Name (Last, First, Middle Initial) A. Stephen Whiteside		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 5
Mailing Address Eye Center of Central Texas 1817 Southwest Dodgen Loop		Transaction ID: 40208-76122683286667
City State Zip Code Temple TX 76502-1815	Amount of Each Receipt this Period 91.25	
FEC ID number of contributing federal political committee. C		3rd of 4 PAC
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 ▼ 273.75		

Full Name (Last, First, Middle Initial) B. Paul Wiesner		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 8 / 2 0 0 5
Mailing Address Suite B 1800 E Pavilion Place		Transaction ID: 2WHD55440343
City State Zip Code Montrose CO 81401-5337	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
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 ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. James J. Wong		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 5
Mailing Address 102 East Avenue		Transaction ID: 2WHBS1316269
City State Zip Code Norwalk CT 06851-5010	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC
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		

SUBTOTAL of Receipts This Page (optional) ▶	1591.25
TOTAL This Period (last page this line number only) ▶	63143.02

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 69
	(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"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Union Bank

Mailing Address 400 California Street

City State Zip Code
San Francisco CA 94104

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.43

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	5

Transaction ID: 8388780511174607161

Amount of Each Receipt this Period
57.07

MM interest 10/05

SUBTOTAL of Receipts This Page (optional)	▶	57.07
TOTAL This Period (last page this line number only)	▶	57.07

**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 62 / 69

<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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Union Bank

Mailing Address 400 California Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Bank charges 10/05

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 7063660511174610563

Date of Disbursement

10 / 31 / 2005

Amount of Each Disbursement this Period

1058.35

SUBTOTAL of Disbursements This Page (optional)

1058.35

TOTAL This Period (last page this line number only)

1058.35

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 63 / 69

<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. Charles A Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
2006 Primary

Candidate Name
Gonzalez Charles

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 20

Transaction ID: 6369740511085151131

Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

-1000.00

Uncashed Contribution

Full Name (Last, First, Middle Initial)

B. Charles A Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement
2006 Primary

Candidate Name
Gonzalez Charles

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 20

Transaction ID: 3141940510274896866

Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Engel for Congress

Mailing Address 462 California Road

City Bronxville State NY Zip Code 10708

Purpose of Disbursement
2006 Primary

Candidate Name
Engel Eliot

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NY District: 17

Transaction ID: 0903020510274887062

Date of Disbursement

10 / 27 / 2005

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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)

<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. Friends of Dennis Cardoza		Transaction ID: 2770890510274854719 Date of Disbursement 10 / 27 / 2005
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Cardoza Dennis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) B. Friends of Max Baucus		Transaction ID: 5856830510274927292 Date of Disbursement 10 / 27 / 2005
Mailing Address Box 586		Amount of Each Disbursement this Period 2500.00
City Helena State MT Zip Code 59624	Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Baucus Max		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) C. John D. Dingell for Congress Committee		Transaction ID: 3806970510274861545 Date of Disbursement 10 / 27 / 2005
Mailing Address 607 14th Street Northwest Suite 800		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Dingell John		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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 65 / 69

<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. Nelson for U S Senate		Transaction ID: 4165460510274920410 Date of Disbursement 10 / 27 / 2005
Mailing Address PO Box 8666		Amount of Each Disbursement this Period 1500.00
City Omaha	State NE	
Zip Code 68108		
Purpose of Disbursement 2006 Primary		
Candidate Name Nelson Ben		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE District: 00		

Full Name (Last, First, Middle Initial) B. Shelley Moore Capito for Congress		Transaction ID: 8211900510274908478 Date of Disbursement 10 / 27 / 2005
Mailing Address PO Box 11519		Amount of Each Disbursement this Period 1000.00
City Charleston	State WV	
Zip Code 25339		
Purpose of Disbursement 2006 Primary		
Candidate Name Capito Shelley		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WV District: 02		

Full Name (Last, First, Middle Initial) C. Storm Chasers		Transaction ID: 0837710510274941143 Date of Disbursement 10 / 27 / 2005
Mailing Address PO Box 237		Amount of Each Disbursement this Period 2500.00
City Monticello	State IN	
Zip Code 47960		
Purpose of Disbursement 2005 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:		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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)

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<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. Wally Herger for Congress Committee		Transaction ID: 6153460510274848653	
Mailing Address PO Box 1500		Date of Disbursement 10 / 27 / 2005	
City Chico	State CA	Zip Code 95927	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2006 Primary		Category/ Type	
Candidate Name Herger Wally			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA	District: 02		

SUBTOTAL of Disbursements This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	11500.00

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Craig Marcus Full Name (Last, First, Middle Initial) Mailing Address 4212 Hempstead Turnpike City Bethpage State NY Zip Code 11714-5701 Purpose of Disbursement: Per Dr Request. May contribute later Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 08015-03594607114791 Date of Disbursement: 10 / 07 / 2005 Amount of Each Disbursement this Period: 200.00 Category/Type
--	--	---

B. Arnold Prywes Full Name (Last, First, Middle Initial) Mailing Address 4212 Hempstead Turnpike City Bethpage State NY Zip Code 11714-5701 Purpose of Disbursement: PER Dr request. May contribute later Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 08015-21723574399948 Date of Disbursement: 10 / 07 / 2005 Amount of Each Disbursement this Period: 200.00 Category/Type
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C. Robert Rothman Full Name (Last, First, Middle Initial) Mailing Address 58 Marian Lane City Jericho State NY Zip Code 11753-1841 Purpose of Disbursement: Per Doc request. May contribute later. Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 08015-25501650571823 Date of Disbursement: 10 / 07 / 2005 Amount of Each Disbursement this Period: 200.00 Category/Type
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SUBTOTAL of Disbursements This Page (optional) ▶	600.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Jennifer Trew Scruggs		Transaction ID: 4684060511183491314 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address Apt. 91 1161 York Avenue		Amount of Each Disbursement this Period 25.00
City New York State NY Zip Code 10021-7940		
Purpose of Disbursement refund of 9/23 contribution Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
B. Full Name (Last, First, Middle Initial) Joseph Weinstein		Transaction ID: 08015-20496767759323 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 7 / 2 0 0 5
Mailing Address 4212 Hempstead Turnpike		Amount of Each Disbursement this Period 200.00
City Bethpage State NY Zip Code 11714-5701		
Purpose of Disbursement Per Dr request Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	225.00
TOTAL This Period (last page this line number only)	825.00

Image# 26970118266

Form/Schedule: **F3XA**
Transaction ID:

This amended report includes previously missing Employer and Occupation information required for Itemized Receipts.
