

**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**

CITY

STATE

ZIP CODE

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

01

01

2006

through

01

31

2006

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

07

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.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

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	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		535866.50
(b) Cash on Hand at Beginning of Reporting Period	535866.50	
(c) Total Receipts (from Line 19)	52490.52	52490.52
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	588357.02	588357.02
7. Total Disbursements (from Line 31)	7352.54	7352.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	581004.48	581004.48
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

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 1D D
3 1Y Y Y Y
2 0 0 6

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	45425.00	45425.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	6447.50	6447.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	51872.50	51872.50
(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) ➡	51872.50	51872.50
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.)	618.02	618.02
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))	52490.52	52490.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	52490.52	52490.52

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	852.54	852.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	852.54	852.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	6500.00
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	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 Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7352.54	7352.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	7352.54	7352.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	51872.50	51872.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51872.50	51872.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	852.54	852.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	852.54	852.54

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

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

FOR LINE NUMBER: PAGE 6 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)
Stuart Anness
Mailing Address 3267 Westbourne Drive

City State Zip Code
Cincinnati OH 45248-5130

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 6

Transaction ID: 3DYSBR341385

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
William Argus
Mailing Address 7030 Point Inverness
Suite 240

City State Zip Code
Fort Wayne IN 46804-7930

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 4 / 2 0 0 6

Transaction ID: CJV477787849

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Vasant Balar
Mailing Address 224 E Bearss Avenue

City State Zip Code
Tampa FL 33613-1625

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 5 / 2 0 0 6

Transaction ID: 3DYSBR260265

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 37

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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) Laurie Gray Barber		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6	
Mailing Address Uams Department Ophtha 4301 W Markham Slot 523		Transaction ID: CJUW1T316359	
City Little Rock	State AR	Zip Code 72205	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 2500.00		
B. Full Name (Last, First, Middle Initial) Joseph Barron		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 3101 Mercedes Drive		Transaction ID: 3DYXP6052543	
City Monroe	State LA	Zip Code 71201-5153	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00		
C. Full Name (Last, First, Middle Initial) Wendall Bauman		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 1 / 2 0 0 6	
Mailing Address 137 Primrose Place		Transaction ID: 1TV21F8ENYD3	
City San Antonio	State TX	Zip Code 78209-3832	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		PACWEB GENERATED CONTRIBUTION	
Name of Employer self Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

3365.00

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 8 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 Berger		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 3705 Medical Parkway Suite 410		Transaction ID: 3DYSBR171601
City Austin	State TX	Zip Code 78705-1019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) Cynthia Ann Bradford		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address Dean A McGee Eye Inst 608 Stanton L Young Boulevard		Transaction ID: CJUW1T232879
City Oklahoma City	State OK	Zip Code 73104-5014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer OUHSC	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Michael Brennan		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 1214 Vaughn Road		Transaction ID: CJUW1T685410
City Burlington	State NC	Zip Code 27217-2863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 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: PAGE 9 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 Cain		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 1920 Pickens Street		
City Columbia	State SC	Zip Code 29201-2632
FEC ID number of contributing federal political committee. C		Transaction ID: 3DYPWY148338
Name of Employer self Occupation Ophthalmologist		Amount of Each Receipt this Period 365.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Batch Tool - PAC
Aggregate Year-to-Date ▼ 365.00		

B. Full Name (Last, First, Middle Initial) Charles Colombo		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address Suite 180 1701 South Boulevard E		
City Rochester Hills	State MI	Zip Code 48307-6122
FEC ID number of contributing federal political committee. C		Transaction ID: 3DYYWA324761
Name of Employer self Occupation Ophthalmologist		Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Batch Tool - PAC
Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Frank Cotter		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address Vistar Eye Center PO Box 1789		
City Roanoke	State VA	Zip Code 24008-1789
FEC ID number of contributing federal political committee. C		Transaction ID: CJVBIN381783
Name of Employer self Occupation Ophthalmologist		Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Batch Tool - PAC
Aggregate Year-to-Date ▼ 500.00		

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Martha Damaske Snearly

Mailing Address 8055 Twin Oaks Drive

City State Zip Code
 Broadview Heights OH 44147-1035

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
 0 1 / 2 4 / 2 0 0 6

Transaction ID: CJV477463203

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

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

Edgar Dapremont

Mailing Address PO Box 6545

City State Zip Code
 Gulfport MS 39506-6545

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 1 / 2 0 / 2 0 0 6

Transaction ID: 63752-16140383481979

Amount of Each Receipt this Period

250.00

PAC 3rd of 4

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

Jonathan Davidorf

Mailing Address Suite 190
 7320 Woodlake Avenue

City State Zip Code
 West Hills CA 91307-1468

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
 0 1 / 3 0 / 2 0 0 6

Transaction ID: CJVBIN520222

Amount of Each Receipt this Period

500.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 37

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 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) Patrick Dennis Mailing Address 116-B Ashley Avenue City Charleston State SC Zip Code 29401-1249 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 48696-78994387388230 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table> SSF 4th of 4	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	1		3	1		2	0	0	6																								
250.00																																	
B. Full Name (Last, First, Middle Initial) Louise Doyle Mailing Address 2020 Kenny Road City Columbus State OH Zip Code 43221-3502 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 <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: CJUW8T515756 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">365.00</td> </tr> </table> Batch Tool - PAC	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	8		2	0	0	6	365.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	1		1	8		2	0	0	6																								
365.00																																	
C. Full Name (Last, First, Middle Initial) Daniel Drysdale Mailing Address 3645 S Main Street City Blacksburg State VA Zip Code 24060-7018 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 3DYSBR331736 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table> Batch Tool - PAC	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																								
0	1		0	5		2	0	0	6																								
250.00																																	

SUBTOTAL of Receipts This Page (optional)**865.00****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 12 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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) Paul Fecko		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6	
Mailing Address 195 W Brown Street		Transaction ID: 3DYSBR197857	
City Birmingham	State MI	Zip Code 48009-6018	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: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) John Frangie		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address Pioneer Valley Ophthalmic Consulta 22 University Drive		Transaction ID: CJVBIN814116	
City Amherst	State MA	Zip Code 01002-2243	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: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) Geoffrey Garrett		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address Highland Clinic 1455 E Bert Kouns		Transaction ID: CJVBIN589471	
City Shreveport	State LA	Zip Code 71105-5634	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: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00		

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: PAGE 13 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 Geanon Mailing Address 5709 Sandhill Drive City Middleton State WI Zip Code 53562-5250 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 01 / 05 / 2006 Transaction ID: 3DYSBR030082 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Joseph Greco Mailing Address Unit 706 11 Church Street City Salem State MA Zip Code 01970-3766 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 01 / 05 / 2006 Transaction ID: 3DYSBR494874 Amount of Each Receipt this Period 300.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Mark Greenwald Mailing Address 1119 E 53rd Street City Chicago State IL Zip Code 60615-4410 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 01 / 05 / 2006 Transaction ID: 3DYSBR132361 Amount of Each Receipt this Period 250.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

800.00

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 14 / 37

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Erich Bryan Groos		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address Cornea Consultants of Nashville 2011 Murphy Avenue Suite 602		Transaction ID: 61863-85821169614792
City Nashville	State TN	Zip Code 37203-2023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) Michael Hettinger		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 3 0 / 2 0 0 6
Mailing Address 7504 Antioch Road		Transaction ID: CJVBIN355928
City Overland Park	State KS	Zip Code 66204-2622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Kenneth Hogrefe		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address Guthrie Med Grove 130 Centerway		Transaction ID: 3DYYWA596883
City Corning	State NY	Zip Code 14830-2255
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number only)		

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

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

FOR LINE NUMBER: PAGE 15 / 37

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 Mailing Address 3200 Southwest 60th Court Suite 10 City Miami State FL Zip Code 33155-4069 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 01 / 23 / 2006 Transaction ID: CJV2UG067156 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Mark Hughes Mailing Address 50 Staniford Street Suite 600 City Boston State MA Zip Code 02114-2517 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 ▼ 1250.00		Date of Receipt MM / DD / YYYY 01 / 15 / 2006 Transaction ID: 63219-09878176450729 Amount of Each Receipt this Period 1250.00 PAC 2nd of 4
C. Full Name (Last, First, Middle Initial) Jerry Hunsaker Mailing Address Suite 106 4707 Everhart Road City Corpus Christi State TX Zip Code 78411-2736 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 01 / 05 / 2006 Transaction ID: 3DYSBR653267 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2615.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address Pacific Cataract and Laser Inst 2517 Northeast Kresky Road		Transaction ID: 3DYXN5672436
City Chehalis	State WA	Zip Code 98532-2409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) Randolph Johnston		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address Cheyenne Eye Clinic 1300 E 20th Street		Transaction ID: CJUW1T598943
City Cheyenne	State WY	Zip Code 82001-4021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Kenneth Kato		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 6
Mailing Address 2020 Fleischmann Road		Transaction ID: 1X3Q49UE1KUE2
City Tallahassee	State FL	Zip Code 32308-4599
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Nicholas Kokoris Mailing Address 7749 South Painter Avenue City State Zip Code Whittier CA 90602-2411 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 01 / 05 / 2006 Transaction ID: 3DYSBR638200 Amount of Each Receipt this Period 250.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Kristine Kunesh-Part Mailing Address 2601 Far Hills Avenue City State Zip Code Dayton OH 45419-1634 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 01 / 03 / 2006 Transaction ID: 3DYPWY741692 Amount of Each Receipt this Period 300.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Bernd Kutzscher Mailing Address 172 32nd Avenue City State Zip Code San Francisco CA 94121-1012 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 01 / 03 / 2006 Transaction ID: 3DYPWY264723 Amount of Each Receipt this Period 500.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Gregory Kwasny		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address Suite 1030 2300 N Mayfair Road		Transaction ID: CJUYIB852589
City Milwaukee State WI Zip Code 53226-1505	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		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Kathy Lentz		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address Washington Eye Surgeons 851 E 5th Street Suite 116		Transaction ID: 3DYSBR155077
City Washington State MO Zip Code 63090-3128	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		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Jeffrey Levine		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address Courtland Yard 372 Chandler Street		Transaction ID: 3DYZZO006626
City Worcester State MA Zip Code 01602-3300	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: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Jonathan Macy		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 8635 W 3rd Street Suite 360W		Transaction ID: 3DYSBR524778
City Los Angeles	State CA	Zip Code 90048-6101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) Ahad Mahootchi		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address PO Box 1059		Transaction ID: CJV32D747753
City Zephyrhills	State FL	Zip Code 33539-1059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Alfred Marrone		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address Suite 451 3440 Lomita Boulevard		Transaction ID: CJUYIB527307
City Torrance	State CA	Zip Code 90505-4801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

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**

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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 Mason Mailing Address Suite 934 7777 Southwest Freeway City State Zip Code Houston TX 77074-1802 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 0 1 / 1 8 / 2 0 0 6 Transaction ID: CJUW8T465723 Amount of Each Receipt this Period 500.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Malcolm Mazow Mailing Address 2855 Gramercy City State Zip Code Houston TX 77025-1635 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 0 1 / 0 4 / 2 0 0 6 Transaction ID: 3DYQZU862160 Amount of Each Receipt this Period 500.00 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 0 1 / 1 9 / 2 0 0 6 Transaction ID: 65323-23687380552292 Amount of Each Receipt this Period 250.00 PAC 4th of 4

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Read McGehee		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address Virginia Eye Inst 400 Westhampton Station		Transaction ID: 3DYSBR361438
City Richmond	State VA	Zip Code 23226-3330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) Timothy McInnis		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 321 Meagher Ave		Transaction ID: 2HO3JE8LSYD36
City Bozeman	State MT	Zip Code 59718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

PACWEB GENERATED CONTRIBU-
TION

C. Full Name (Last, First, Middle Initial) Michael Edward Migliori		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 120 Dudley Street Suite 301		Transaction ID: EUK2DN245894
City Providence	State RI	Zip Code 02905-2429
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 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**

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Detailed Summary Page

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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 George Morgan

Mailing Address 1617 Steele Boulevard

City State Zip Code
 Baton Rouge LA 70808-1192

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 0 4 / 2 0 0 6

Transaction ID: 3DYQZU182863

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

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

G. Peyton Neatrou

Mailing Address 2676 Wimbledon Point Drive

City State Zip Code
 Virginia Beach VA 23454-1167

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 1 / 2 0 0 6

Transaction ID: 3DYZZO458171

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

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

Gregory Olson

Mailing Address 2001 Nicole
Deerwood Estates

City State Zip Code
 Fort Dodge IA 50501-8726

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 0 5 / 2 0 0 6

Transaction ID: 3DYSBR534565

Amount of Each Receipt this Period

250.00

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)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial) Elba Pacheco		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address Suite 1020 819 Ritchie Highway		Transaction ID: 3DYSBR816086
City State Zip Code Severna Park MD 21146-4197	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: ☐ Primary ☐ General ☐ Other (specify) ▼	
Aggregate Year-to-Date ▼ 365.00		

B. Full Name (Last, First, Middle Initial) Joseph Parelman		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address 3830 W 75th Street		Transaction ID: CJUW8T155801
City State Zip Code Prairie Village KS 66208-4128	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	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	
Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) William Phillips		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 4 / 2 0 0 6
Mailing Address 3236 Spriggs Request Way		Transaction ID: CJV477185818
City State Zip Code Mitchellville MD 20721-2524	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	Receipt For: ☐ Primary ☐ General ☐ 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: PAGE 24 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Tedd Puckett

Mailing Address 1209 Valley View Street

City

Radford

State

VA

Zip Code

24141-3831

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 9 / 2 0 0 6

Transaction ID: CJUXCO121145

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Vadrevu Raju

Mailing Address 3140 Collins Ferry Road

City

Morgantown

State

WV

Zip Code

26505-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 6

Transaction ID: 3DYXN5076325

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Steven Rice

Mailing Address Suite D
2055 15th St. N

City

St. Cloud

State

MN

Zip Code

56303-1747

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 0 / 2 0 0 6

Transaction ID: 3DYYWA644222

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 Rich		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address Suite 608 6231 Leesburg Pike		Transaction ID: CJUW1T710410
City Falls Church	State VA	Zip Code 22044-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) H. Miller Richert		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 6
Mailing Address 1750 Pine Street		Transaction ID: 3DYSBR223600
City Abilene	State TX	Zip Code 79601-3044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Steven Rosenfeld		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address Delray Eye Assoc 16201 S Military Trail		Transaction ID: 3DYPWY853011
City Delray Beach	State FL	Zip Code 33484-6503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

3250.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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) Siv Brit Saetre Mailing Address 4061 Treeline Drive City Bettendorf State IA Zip Code 52722-7155 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 7 / 2 0 0 6 Transaction ID: CJV84A463424 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) Noel Saks Mailing Address 845 Beverly Place City Deerfield State IL Zip Code 60015-3441 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 7 / 2 0 0 6 Transaction ID: EUK2DN566131 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Ralph Sando Mailing Address Suite 100 100 Church Road City Ardmore State PA Zip Code 19003-2316 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6 Transaction ID: 63219-30886477231979 Amount of Each Receipt this Period 250.00 PAC 3rd of 4

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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) Delia Sang			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 5 / 2 0 0 6	
Mailing Address 73 Chatham Street			Transaction ID: 63219-67133730649948	
City State Zip Code Brookline MA 02446			Amount of Each Receipt this Period 1250.00	
FEC ID number of contributing federal political committee. C			PAC 2nd of 4	
Name of Employer self Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1250.00		
B. Full Name (Last, First, Middle Initial) Christianne Schoedel			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 0 / 2 0 0 6	
Mailing Address 360 Saint Charles Way			Transaction ID: 3DYYWA184725	
City State Zip Code York PA 17402-4647			Amount of Each Receipt this Period 625.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ 625.00		
C. Full Name (Last, First, Middle Initial) Donald Schwartz			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6	
Mailing Address Suite 108 2650 Elm Avenue			Transaction ID: 3DYSBR656015	
City State Zip Code Long Beach CA 90806-1651			Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C			Batch Tool - PAC	
Name of Employer self Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Occupation Ophthalmologist Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)

2175.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 Steiner		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6
Mailing Address Suite 220 16233 Sylvester Road Southwest		Transaction ID: 3DYZZO474022
City Burien State WA Zip Code 98166-3045	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		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Richard Storm		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address 303 East Park Avenue		Transaction ID: 3DYQZU242858
City Long Beach State NY Zip Code 11561-3600	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: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C. Full Name (Last, First, Middle Initial) Domenic Strazzulla		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6
Mailing Address Suite 1A1 500 Congress Street		Transaction ID: CJV5CH445243
City Quincy State MA Zip Code 02169-0908	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: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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) Vincent Sutton		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 6	
Mailing Address 1710 South 70th Street PO Box 6068		Transaction ID: 3DYSBR147413	
City Lincoln State NE Zip Code 68506-1676		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			
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
B. Full Name (Last, First, Middle Initial) Jerome Swale		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 6	
Mailing Address 264 Fox Trail		Transaction ID: 61863-10937136411666	
City Bourbonnais State IL Zip Code 60914-1735		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		PAC 3rd of 4	
Name of Employer self Occupation Ophthalmologist			
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) Peter Arthur Van Houten		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6	
Mailing Address East Carolina Retina Consultants 2501 A Stantonsburg Road		Transaction ID: 63219-30817812681198	
City Greenville State NC Zip Code 27834-7213		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		PAC 3rd of 4	
Name of Employer self Occupation Ophthalmologist			
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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 Vrabec		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6 Transaction ID: 61863-21336001157760	
Mailing Address Valley Eye Associates 21 Park Place		Amount of Each Receipt this Period 250.00	
City Appleton	State WI	Zip Code 54914-8872	PAC 3rd of 4
FEC ID number of contributing federal political committee. C			
Name of Employer self Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Joseph Walker		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6 Transaction ID: 3DYZZO085578	
Mailing Address 6901 International Center Boulevard		Amount of Each Receipt this Period 1000.00	
City Fort Myers	State FL	Zip Code 33912-7125	Batch Tool - PAC
FEC ID number of contributing federal political committee. C			
Name of Employer self Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00		
C. Full Name (Last, First, Middle Initial) Wilson Wallace		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6 Transaction ID: 3DYQZU668662	
Mailing Address 1701 North Federal Highway		Amount of Each Receipt this Period 300.00	
City Boca Raton	State FL	Zip Code 33432-1909	Batch Tool - PAC
FEC ID number of contributing federal political committee. C			
Name of Employer self Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional)

1550.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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) L. Andrew Watkins Mailing Address 427 W 20th Street Suite 100 City State Zip Code Houston TX 77008-2425 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 01 / 04 / 2006 Transaction ID: 3DYQZU290906 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
B. Full Name (Last, First, Middle Initial) John Anderson Wells Mailing Address Suite 101 2750 Laurel Street City State Zip Code Columbia SC 29204-2038 FEC ID number of contributing federal political committee. C Name of Employer self Occupation Ophthalmologist Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 01 / 18 / 2006 Transaction ID: CJUW8T341622 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC
C. Full Name (Last, First, Middle Initial) Charles Wheeler Mailing Address Suite 107 387 Town Mountain Road City State Zip Code Pikeville KY 41501-1640 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 01 / 05 / 2006 Transaction ID: 3DYSBR185711 Amount of Each Receipt this Period 365.00 Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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) Peter Whitted		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 8 / 2 0 0 6
Mailing Address Midwest Eye Care 4353 Dodge Street		Transaction ID: CJUW1T547457
City Omaha	State NE	Zip Code 68131-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial) George Wong		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address Suite 302 2601 N Flagler Drive		Transaction ID: 3DYPWY635255
City West Palm Beach	State FL	Zip Code 33407-5542
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial) Lyn Yakubov		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address Eye Care Assoc Inc 10 Dutton Drive		Transaction ID: 3DYPWY145854
City Youngstown	State OH	Zip Code 44502-1818
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

2500.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Harry Zink

Mailing Address 3519 Friendsville Road

City

Wooster

State

OH

Zip Code

44691-1241

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 6

Transaction ID: CJV6IK218166

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

45425.00

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

Use separate schedule(s)
or each category of the
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 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)

Leonard Feiss

Mailing Address B. P. 142

City

Beaune Cedex

State

Zip Code

21204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 0 6

Transaction ID: 3DYYWA119541

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00

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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☒ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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 1/06

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 2927460602104393466

Date of Disbursement

/ /

Amount of Each Disbursement this Period

852.54

SUBTOTAL of Disbursements This Page (optional)

852.54

TOTAL This Period (last page this line number only)

852.54

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

Use separate schedule(s)
for each category of the
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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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: 0337530601185660575

Date of Disbursement

01 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Congressman Joe Barton Committee, the

Mailing Address PO Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
2006 Primary

Candidate Name
Barton Joe

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 06

Transaction ID: 5513510601045945671

Date of Disbursement

01 / 05 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Cummings for Congress Campaign Committee

Mailing Address PO Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement
2006 Primary

Candidate Name
Cummings Elijah

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 07

Transaction ID: 7475640601185654044

Date of Disbursement

01 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

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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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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. Marsha Blackburn for Congress Inc.

Mailing Address PO Box 682185

City
Franklin

State
TN

Zip Code
37068

Purpose of Disbursement
2006 Primary

Candidate Name
Blackburn Marsha

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: 0548900601045939235

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Re-Elect McGovern Committee

Mailing Address PO Box 60405

City
Worcester

State
MA

Zip Code
01606

Purpose of Disbursement
2006 Primary

Candidate Name
McGovern James

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 03

Transaction ID: 9973960601185644511

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Roskam for Congress Committee

Mailing Address 141 Shelley Lane

City
Wheaton

State
IL

Zip Code
60187

Purpose of Disbursement
2006 Primary

Candidate Name
Roskam Peter

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: 0857440601185638880

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

6500.00