

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 04 01 2007 through 04 30 2007

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 05 10 2007

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**

Write or Type Committee Name
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		683911.43
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	676204.62									
(c) Total Receipts (from Line 19)	65883.84	146655.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	742088.46	830566.95								
7. Total Disbursements (from Line 31)	9166.89	97645.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	732921.57	732921.57								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	59893.75	129867.50
(i) Itemized (use Schedule A)	4497.75	15127.00
(ii) Unitemized	64391.50	144994.50
(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)	64391.50	144994.50
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.)	1492.34	1661.02
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))	65883.84	146655.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	65883.84	146655.52

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	666.89	2185.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	666.89	2185.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	92000.00
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	1000.00	3460.00
(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))	1000.00	3460.00
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))..	9166.89	97645.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9166.89	97645.38

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)	64391.50	144994.50
34. Total Contribution Refunds (from Line 28(d))	1000.00	3460.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63391.50	141534.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	666.89	2185.38
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	666.89	2185.38

**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 / 49
	<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. Thomas Aaberg		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 2081 Hunters Run Northeast		Transaction ID: 8NWVHF942781
City State Zip Code Ada MI 49301-9559	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. Richard Abbott		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 7
Mailing Address Ucsf Beckman Vision Center 10 Koret Way K-301		Transaction ID: 7MBDU5D96BKB
City State Zip Code San Francisco CA 94143-0001	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. David R Adam		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 11357 Avant Lane		Transaction ID: 8NWVHF863475
City State Zip Code Cincinnati OH 45249-2373	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)	▶	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 7 / 49
	<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 Adams

Mailing Address Suite O
3400 W 16th Street

City State Zip Code
Greeley CO 80634-6871

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
MM / DD / YYYY
04 / 02 / 2007

Transaction ID: 9FL9DW

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address Duke Univ Eye Center
Duke Univ Med Center Box 3802 Erwi

City State Zip Code
Durham NC 27705

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
MM / DD / YYYY
04 / 23 / 2007

Transaction ID: 8NWVHF418707

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite C
556 W Bedford Euless Road

City State Zip Code
Hurst TX 76053-3924

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
MM / DD / YYYY
04 / 23 / 2007

Transaction ID: 8NWVLK446063

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 8 / 49
	<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. Emilio Arce-Lopez		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 150 De Diego Avenue Suite 502		Transaction ID: 1110510704233734044	
City State Zip Code San Juan PR 00907-2318	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) ▼			

Full Name (Last, First, Middle Initial) B. Everton Arrindell		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 9107 Brentmeade Boulevard		Transaction ID: 8NWVHF678348	
City State Zip Code Brentwood TN 37027-8525	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) ▼			

Full Name (Last, First, Middle Initial) C. Katherine Baltz		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address Suite 101 5 Saint Vincent Circle		Transaction ID: 8NWVHF652764	
City State Zip Code Little Rock AR 72205-5415	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) ▶	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	FOR LINE NUMBER: (check only one)	PAGE 9 / 49
	<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)
Janet Betchkal

Mailing Address 1820 Barrs Street
Dillon Building Suite 134

City Jacksonville State FL Zip Code 32204

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF874698

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Retina Consultations
915 Palmer Road

City Bronxville State NY Zip Code 10708

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 4 / 1 3 / 2 0 0 7

Transaction ID: 6TCALF33T6JB7

Amount of Each Receipt this Period
250.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 7101 E Carefree Drive

City Carefree State AZ Zip Code 85377

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF661443

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 49
	<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. Carlos Buznego		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address Suite 400E 8940 N Kendall Drive		Transaction ID: 8NWVHF441342	
City Miami	State FL	Zip Code 33176-2175	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) B. Keith Carter		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7	
Mailing Address Univ Ia Hosp Ophth 200 Hawkins Drive		Transaction ID: 70HBQGIUBT7C4	
City Iowa City	State IA	Zip Code 52242	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. Kristin Carter		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address Suite 104 5240 E Knight Drive		Transaction ID: 8NWVFX102228	
City Tucson	State AZ	Zip Code 85712-2122	Amount of Each Receipt this Period 400.00
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 ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	1900.00
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 / 49
	<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)
Percival H Chee

Mailing Address Kukui Plaza Mall Suite C116
50 S Beretania Street

City Honolulu State HI Zip Code 96813

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 4 / 1 7 / 2 0 0 7

Transaction ID: 8P3IW3784886

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address 806 Dr. Martin Luther King Jr Aven

City Albuquerque State NM Zip Code 87102-3657

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF779400

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 600 Pavonia Avenue
6th Floor

City Jersey City State NJ Zip Code 07306-2932

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 4 / 2 4 / 2 0 0 7

Transaction ID: 70HBNQBUBT7C2

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1250.00

TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 49
	<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 Coats

Mailing Address 6621 Fannin Street
Mc-Ccc640.00

City Houston State TX Zip Code 77030-2303

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF742151

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Anne Louise Coleman

Mailing Address # 2118
100 Stein Plaza

City Los Angeles State CA Zip Code 90095-0001

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF435427

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 105 Bennington Road

City Charlottesville State VA Zip Code 22901-2617

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF268978

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 13 / 49
	<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)
Mary Louise Collins

Mailing Address Gter Balt Mc Pavillion W
6569 N Charles Street Suite 505

City Baltimore State MD Zip Code 21204-5809

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 4 / 2 0 / 2 0 0 7

Transaction ID: 3BHXBK4MVPRF

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address Suite 180
1701 South Boulevard E

City Rochester Hills State MI Zip Code 48307-6115

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 4 / 0 4 / 2 0 0 7

Transaction ID: 80SLL2539671

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address Howard University Hospital
2041 Georgia Avenue Northwest Towe

City Washington State DC Zip Code 20060-0001

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 0 7

Transaction ID: 0728245

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 49
	<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) Gary Cowan		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7
Mailing Address Suite 3200 1350 S Main Street		Transaction ID: 92725-79998415708542
City State Zip Code Fort Worth TX 76104-7669	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	PAC 4th of 4	
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) James Croley		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 613 Del Prado Boulevard		Transaction ID: 8NWVLK618754
City State Zip Code Cape Coral FL 33990-2611	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) ▼		

C. Full Name (Last, First, Middle Initial) Charles Barry Dabbs		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 311 Lakepoint Drive		Transaction ID: 8NWVHF326531
City State Zip Code Gadsden AL 35901-5385	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) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 49
	<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. Susan Day		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address Suite 100 2340 Clay Street		Transaction ID: 1114550704233785566	
City State Zip Code San Francisco CA 94115-1932	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) ▼			

Full Name (Last, First, Middle Initial) B. William Deegan		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 7	
Mailing Address Retina Group of Washington 6355 Walker Lane Suite 502		Transaction ID: 60218-55134218931198	
City State Zip Code Alexandria VA 22310	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C	PAC 4th 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. Mark Doubrava		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address Suite 101 9011 W Sahara Avenue		Transaction ID: 8NWVFX713723	
City State Zip Code Las Vegas NV 89117-4801	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) ▶	1490.00
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 / 49
	<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. Patrick Droste		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 5050 Cascade Road Southeast		Transaction ID: 8NWVHF461150	
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) ▼			

Full Name (Last, First, Middle Initial) B. Thomas Duncan		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 7	
Mailing Address E Texas Eye Assoc 1306 Frank Avenue		Transaction ID: 70HC68YUBT7C8	
City State Zip Code Lufkin TX 75904	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) ▼			

Full Name (Last, First, Middle Initial) C. Jeffrey Edelstein		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address Suite 20 2905 W Warner Road		Transaction ID: 8NWVHF746275	
City State Zip Code Chandler AZ 85224-1674	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) ▶	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	FOR LINE NUMBER: (check only one)	PAGE 17 / 49
	<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 Ehlers

Mailing Address 125 Secret Lake Road

City Avon State CT Zip Code 06001-3465

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF332567

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address Eye Associates Northwest
1101 Madison Suite 600

City Seattle State WA Zip Code 98104

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF154522

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address 195 W Brown Street

City Birmingham State MI Zip Code 48009-6018

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 4 / 2 3 / 2 0 0 7

Transaction ID: 2243730704233753966

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 18 / 49
	<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)
Tamara Fountain

Mailing Address 1445 Coral Parkway

City Northbrook State IL Zip Code 60062-5192

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 ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVFX231188

Amount of Each Receipt this Period
210.00

Batch Tool - PAC

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

Mailing Address 416 North Bedford #300

City Beverly Hills State CA Zip Code 90210-4309

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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF575441

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address Suite 200
12301 Northeast 10th Place

City Bellevue State WA Zip Code 98005-2487

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF957742

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1460.00
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 / 49
	<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) Kris Gillian		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address Suite 100 575 Professional Drive		Transaction ID: 8NWVFX638264	
City State Zip Code Lawrenceville GA 30045-3300		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 self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

B. Full Name (Last, First, Middle Initial) Ravi Goel		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address Regional Eye Associates 741 Route 70 W		Transaction ID: 0421686	
City State Zip Code Cherry Hill NJ 08002-3527		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	

C. Full Name (Last, First, Middle Initial) Michael Green		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 854 Lone Oak Drive		Transaction ID: 8NWVHF698603	
City State Zip Code Gallatin TN 37066-3694		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	

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 20 / 49
	<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)
Linda Gunshefski

Mailing Address 625 Catherine Street

City Walla Walla State WA Zip Code 99362-3131

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF523028

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address White Wilson Medical Center
1005 Mar Walt Drive

City Fort Walton Beach State FL Zip Code 32547-6796

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 ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 7

Transaction ID: 60218-05523318052291

Amount of Each Receipt this Period
125.00

PAC 3rd of 4

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

Mailing Address Suite 300
2525 Northwest Lovejoy Street

City Portland State OR Zip Code 97210-2864

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVLK411867

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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 21 / 49
	<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 Heier

Mailing Address Ophthalmic Consultants of Boston
50 Staniford Street Suite 600

City Boston State MA Zip Code 02114

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 4 / 2 5 / 2 0 0 7

Transaction ID: 712XH1FTU9RF2

Amount of Each Receipt this Period
1000.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address Suite 800
1600 S Brentwood Boulevard

City Saint Louis State MO Zip Code 63144-1317

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 4 / 2 7 / 2 0 0 7

Transaction ID: 0835355

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite 200
580 S Loop Road

City Edgewood State KY Zip Code 41017-3415

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVFX167085

Amount of Each Receipt this Period
500.00

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 22 / 49
	<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) H Dunbar Hoskins Mailing Address 655 Beach Street City San Francisco State CA Zip Code 94109-1342 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Transaction ID: 8NWVHF462234 Amount of Each Receipt this Period 1000.00 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 ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Mark Hughes Mailing Address Suite 600 50 Staniford Street City Boston State MA Zip Code 02114-2539 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7 Transaction ID: 09077-20010012388229 Amount of Each Receipt this Period 1093.75 PAC 3rd of 4
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 ▼ 3593.75		

C. Full Name (Last, First, Middle Initial) Roger Husted Mailing Address Eye Associates Pc 500 Aaron Court City Kingston State NY Zip Code 12401 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7 Transaction ID: 8NWVHF080293 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 ▼ 427.50		

SUBTOTAL of Receipts This Page (optional)	▶	2458.75
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 / 49
	<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)
B Thomas Hutchinson

Mailing Address Ophthalmic Consultants Boston
50 Staniford Street #600

City Boston State MA Zip Code 02114

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 4 / 0 4 / 2 0 0 7

Transaction ID: 80SLL2807163

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Andrew George Iwach

Mailing Address Glaucoma Center of San Francisco
55 Stevenson Street

City San Francisco State CA Zip Code 94105-2936

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 4 / 2 4 / 2 0 0 7

Transaction ID: 70HBMC2UBT7C1

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite A
1615 12th Avenue Road

City Nampa State ID Zip Code 83686-6184

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF453907

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 49
	<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)
David Johnson

Mailing Address Suite 210
8101 E Lowry Boulevard

City State Zip Code
Denver CO 80230-7195

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
0 4 / 1 1 / 2 0 0 7

Transaction ID: 6S5CO377LOZ70

Amount of Each Receipt this Period
250.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address Cheyenne Eye Clinic
1300 E 20th Street

City State Zip Code
Cheyenne WY 82001

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
0 4 / 3 0 / 2 0 0 7

Transaction ID: 92725-69330996274948

Amount of Each Receipt this Period
250.00

PAC 4th of 4

C. Full Name (Last, First, Middle Initial)
Diane Jean Kraus

Mailing Address PO Box 4142

City State Zip Code
Kingston NY 12402-4142

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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVFX735948

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 49
	<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)
Ralph Lanciano

Mailing Address Lanciano Professional Center
7703 Maple Avenue

City State Zip Code
Pennsauken NJ 08109

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
0 4 / 2 4 / 2 0 0 7

Transaction ID: 19C7TBRJ8EBH07

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address Box 3802
2351 Erwin Road

City State Zip Code
Durham NC 27702-3802

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
0 4 / 2 4 / 2 0 0 7

Transaction ID: 70HBP0EUBT7C8

Amount of Each Receipt this Period
1000.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address Box 3802
2351 Erwin Road

City State Zip Code
Durham NC 27702-3802

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
0 4 / 2 7 / 2 0 0 7

Transaction ID: 0565344

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 26 / 49
	<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)
Hobart Lerner

Mailing Address 720 East Avenue

City State Zip Code
Rochester NY 14607-2192

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF583155

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address Him Regional Medical Park
5170 US Route 60 East

City State Zip Code
Huntington WV 25705

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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF750814

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite 330
120 Meadowcrest Street

City State Zip Code
Gretna LA 70056-5249

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF253243

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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: (check only one)	PAGE 27 / 49
	<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. Alan Malouf		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address Suite 108 6000 Laurel Bowie Road		Transaction ID: 8NWVLK533662	
City State Zip Code Bowie MD 20715-4000	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) ▼			

Full Name (Last, First, Middle Initial) B. Jeff Maltzman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 5599 N Oracle Road		Transaction ID: 8NWVHF630543	
City State Zip Code Tucson AZ 85704-3821	Amount of Each Receipt this Period 1500.00		
FEC ID number of contributing federal political committee. C	Batch Tool - PAC		
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Sid Mandelbaum		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 178 East 71st Street		Transaction ID: 8NWVLK722248	
City State Zip Code New York NY 10021-5119	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) ▶	2365.00
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 / 49
	<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)
Mark Christophe Maria

Mailing Address 150 Quail Lane

City Lebanon State PA Zip Code 17042-9403

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF198633

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Stephanie Jones Marioneaux

Mailing Address Suite 108
300 Med Parkway

City Chesapeake State VA Zip Code 23320

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF786665

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
G Philip Matthews

Mailing Address 5421 La Sierra Drive

City Dallas State TX Zip Code 75231-4107

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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVFX426694

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
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 / 49
	<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)
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 ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 7

Transaction ID: 60218-43870180845261

Amount of Each Receipt this Period
91.25

PAC 4th of 4

B. 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

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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 3800730704233800562

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address Suite 600
7150 Greenville Avenue

City State Zip Code
Dallas TX 75231-5187

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF782793

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1341.25
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 / 49
	<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. William Mieler		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address Department of Ophth 5841 S Maryland Avenue Mc 2114		Transaction ID: 8NWVHF781491	
City Chicago	State IL	Zip Code 60637-1447	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) B. Amalia Miranda		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 7	
Mailing Address 3435 Northwest 56th Street Building A # 1010		Transaction ID: 92725-07958620786666	
City Oklahoma City	State OK	Zip Code 73112-4448	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		PAC 4th of 4	
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Basil Morgan		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address Suite 100 4324 York Road		Transaction ID: 8NWVHF085862	
City Baltimore	State MD	Zip Code 21212-4800	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) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 49
	<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) Christie Morse		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address Suite 1600 248 Pleasant Street		Transaction ID: 8NWVLK087945
City State Zip Code Concord NH 03301-2588	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) Peter Nussbaum		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 22 Old Short Hills Road Suite 104		Transaction ID: 8NWVHF672864
City State Zip Code Livingston NJ 07039-5605	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) ▼		

C. Full Name (Last, First, Middle Initial) Mildred M G Olivier		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address Suite 110 1555 Barrington Road		Transaction ID: 8NWVHF378738
City State Zip Code Hoffman Estates IL 60169-1062	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) ▶	2000.00
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 / 49
	<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. John O'Neill		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address Suite 200 2 Wisconsin Circle		Transaction ID: 8NWVFX371166	
City State Zip Code Chevy Chase MD 20815-7018	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 ▼ 365.00			

Full Name (Last, First, Middle Initial) B. David Pao		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address Suite 201 1018 Street Road		Transaction ID: 8NWVHF983123	
City State Zip Code Southampton PA 18966-4221	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	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) C. David Parke		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address Dean A McGee Eye Inst 608 Stanton L Young Boulevard		Transaction ID: 4022890705095636439	
City State Zip Code Oklahoma City OK 73104-5014	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	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) ▶	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 33 / 49
	<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. Richard Parrish		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address 1638 Northwest 10th Avenue		Transaction ID: 8NWVFX521527
City State Zip Code Miami FL 33136-1015	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 ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Jean Ramsey		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address Boston Medical Center; Acc 850 Harrison Avenue; 2nd Floor		Transaction ID: 5213890704233793541
City State Zip Code Boston MA 02118-4001	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 ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Ashok Reddy		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7
Mailing Address Apt. 3925 6100 Cortaderia Street Northeast		Transaction ID: 1483920704233759066
City State Zip Code Albuquerque NM 87111-8012	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		

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 / 49
	<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)
William Reinhart

Mailing Address 32590 Burlwood Drive

City State Zip Code
Solon OH 44139-1316

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 4 / 2 7 / 2 0 0 7

Transaction ID: 0470427

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

B. 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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF138658

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Gail Millette Royal

Mailing Address 401 79th Avenue N

City State Zip Code
Myrtle Beach SC 29572-4310

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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVFX854215

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 35 / 49
	<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) Michael Ruddat		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7	
Mailing Address Suite 822 85 Seymour Street		Transaction ID: BJ6TFQ800456	
City State Zip Code Hartford CT 06106-5527		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	

B. Full Name (Last, First, Middle Initial) Delia Sang		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 7	
Mailing Address 73 Chatham Street		Transaction ID: 09077-17385500669479	
City State Zip Code Brookline MA 02446-5451		Amount of Each Receipt this Period 1093.75	
FEC ID number of contributing federal political committee. C		PAC 3rd of 4	
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 ▼ 3593.75	

C. Full Name (Last, First, Middle Initial) Scott Schaefer		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 3971 Princeton Avenue		Transaction ID: 8NWVLK583577	
City State Zip Code St. Louis Park MN 55416-3018		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 ▼ 365.00	

SUBTOTAL of Receipts This Page (optional) ▶	1958.75
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 / 49
	<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. Susan Senft		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address Crossroads Medical Centre 75-1028 Henry Street; Suite 200		Transaction ID: 8NWVHF330095	
City State Zip Code Kailua Kona HI 96740-1679	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. David Shulman		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address Suite 127 999 E Basse Road		Transaction ID: 8NWVHF592869	
City State Zip Code San Antonio TX 78209-1802	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) ▼			

Full Name (Last, First, Middle Initial) C. Brian Sippy		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 3 / 2 0 0 7	
Mailing Address 700 W Kent Avenue		Transaction ID: 8NWVLK554823	
City State Zip Code Missoula MT 59801-6772	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) ▶	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 37 / 49
	<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 Smith

Mailing Address 8 Medical Park Drive

City State Zip Code
Asheville NC 28803

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

Name of Employer Occupation
Asheville Eye Associates 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
0 4 / 1 5 / 2 0 0 7

Transaction ID: 6V4HEAUMF8F43

Amount of Each Receipt this Period
400.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 2032 Valor Court

City State Zip Code
Glenview IL 60026-8052

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

Name of Employer 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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVVK557558

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Catherine Smoot-Haselnus

Mailing Address 105 Pine Bluff Road

City State Zip Code
Salisbury MD 21801-7160

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

Name of Employer 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
0 4 / 2 4 / 2 0 0 7

Transaction ID: 70HC4NRUBT7C8

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
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 38 / 49
	<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)
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 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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF367115

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite 24
1440 S Country Club Drive

City State Zip Code
Mesa AZ 85210-9704

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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF682623

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address Suite 320
262 Neil Avenue

City State Zip Code
Columbus OH 43215-7311

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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF515895

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 49
	<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)
Mitchell Brian Stein

Mailing Address 69 S Moger Avenue

City State Zip Code
Mount Kisco NY 10549-2217

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 4 / 0 3 / 2 0 0 7

Transaction ID: 60218-34223574399948

Amount of Each Receipt this Period
125.00

PAC 4th of 4

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

Mailing Address Vanderbilt Eye Institute
8000 Medical Center E North Tower

City State Zip Code
Nashville TN 37232-0001

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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVLK244472

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address PO Box 9645

City State Zip Code
Fargo ND 58106-9645

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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF205749

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1490.00
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 / 49
	<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)
Steven Swedberg

Mailing Address Suite 230
21600 Highway 99

City Edmonds State WA Zip Code 98026-8048

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVLK542225

Amount of Each Receipt this Period
115.00

Batch Tool - PAC

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

Mailing Address 4640 Timberline Drive

City Fargo State ND Zip Code 58104-6654

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF647628

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address PO Box 632020

City Nacogdoches State TX Zip Code 75963-2020

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 4 / 1 7 / 2 0 0 7

Transaction ID: 60218-96506899595261

Amount of Each Receipt this Period
250.00

PAC 4th of 4

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: (check only one)	PAGE 41 / 49
	<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 Trent

Mailing Address 3190 Churn Creek Road

City State Zip Code
Redding CA 96002-2122

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
0 4 / 0 5 / 2 0 0 7

Transaction ID: BKB64H349486

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address 600 Northern Boulevard Suite 214

City State Zip Code
Great Neck NY 11021-5200

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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF546017

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 2139 Lower Saint Dennis Road

City State Zip Code
Saint Paul MN 55116-2827

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 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF329418

Amount of Each Receipt this Period
500.00

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 42 / 49
	<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)
Ann Warn

Mailing Address Suite 105
3201 W Gore Boulevard

City State Zip Code
Lawton OK 73505-6350

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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVLK766356

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 3934 S Americus Street

City State Zip Code
Seattle WA 98118-1640

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
0 4 / 1 7 / 2 0 0 7

Transaction ID: 60218-76578921079636

Amount of Each Receipt this Period
125.00

PAC 4th of 4

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

Mailing Address PO Box 538
10 Sandy Brae

City State Zip Code
Grantham NH 03753-0538

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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVLK381145

Amount of Each Receipt this Period
365.00

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 43 / 49
	<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)
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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 8NWVHF788320

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address Wheaton Eye Clinic
2015 North Main Street

City State Zip Code
Wheaton IL 60187

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
0 4 / 2 3 / 2 0 0 7

Transaction ID: 9254780704233780344

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address 200 Iroquois Road

City State Zip Code
Pittsburgh PA 15241-1122

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
0 4 / 1 9 / 2 0 0 7

Transaction ID: FSFADV504803

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:		PAGE 44 / 49	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input 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)
Harry Zink

Mailing Address 3519 Friendsville Road

City State Zip Code
Wooster OH 44691-1241

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
04 / 23 / 2007

Transaction ID: 1061940704233765564

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)	59893.75

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 45 / 49	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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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 ▼
1661.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	7

Transaction ID: 9822460705104275696

Amount of Each Receipt this Period
1492.34

Bank interest 4/07

SUBTOTAL of Receipts This Page (optional)	▶	1492.34
TOTAL This Period (last page this line number only)	▶	1492.34

**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 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 4/07

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 5565690705104278352

Date of Disbursement

/ /

Amount of Each Disbursement this Period

666.89

SUBTOTAL of Disbursements This Page (optional)

666.89

TOTAL This Period (last page this line number only)

666.89

**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

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

Full Name (Last, First, Middle Initial) A. Becerra for Congress		Transaction ID: 1772680704255433370 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address PO Box 261060		Amount of Each Disbursement this Period 1000.00
City Los Angeles	State CA	
Zip Code 90026	Purpose of Disbursement 2008 Primary	
Candidate Name Becerra Xavier	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 31		

Full Name (Last, First, Middle Initial) B. Boyd for Congress		Transaction ID: 6217020704255428780 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address PO Box 15703		Amount of Each Disbursement this Period 2500.00
City Tallahassee	State FL	
Zip Code 32317	Purpose of Disbursement 2008 Primary	
Candidate Name Boyd F.	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 02		

Full Name (Last, First, Middle Initial) C. Friends of Dave Weldon		Transaction ID: 0233020704255421558 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address 2525 Aurora Road Suite 2		Amount of Each Disbursement this Period 1000.00
City Melbourne	State FL	
Zip Code 32935	Purpose of Disbursement 2008 Primary	
Candidate Name Weldon Dave	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 15		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Mike Crapo for Us Senate		Transaction ID: 4399610704133159632 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 0 7
Mailing Address PO Box 1948		Amount of Each Disbursement this Period 2000.00
City Boise State ID Zip Code 83701	Purpose of Disbursement 2010 Primary Candidate Name Crapo Michael Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Red Pac		Transaction ID: 8193600704255425390 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7
Mailing Address Post Office Box 51		Amount of Each Disbursement this Period 1000.00
City Homeland State FL Zip Code 33847	Purpose of Disbursement 2007 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

TOTAL This Period (last page this line number only) ►

7500.00

**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)

Full Name (Last, First, Middle Initial)

A. Paul Lee

Mailing Address Box 3802
2351 Erwin Road

City Durham State NC Zip Code 27702-3802

Purpose of Disbursement
refund of 4/24/07 contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 7673410705103093145

Date of Disbursement

/ /

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)

1000.00