

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 09 01 2006 through 09 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Benjamin Bank

Signature of Treasurer Electronically Filed by Benjamin Bank Date 10 13 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | 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>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 535866.50 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 583825.69 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 79461.98 | 544169.07 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 663287.67 | 1080035.57 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 151107.92 | 567855.82 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 512179.75 | 512179.75 | | | | | | | | |
| 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 | 9 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 65015.83 | 475282.17 |
| (i) Itemized (use Schedule A) | 14392.50 | 67832.75 |
| (ii) Unitemized | | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 79408.33 | 543114.92 |
| (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) | 79408.33 | 543114.92 |
| 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.) | 53.65 | 1054.15 |
| 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)) | 79461.98 | 544169.07 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 79461.98 | 544169.07 |

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..... | 1107.92 | 8470.82 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 1107.92 | 8470.82 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 150000.00 | 524000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 35020.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 365.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 365.00 |
| 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)).. | 151107.92 | 567855.82 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 151107.92 | 567855.82 |

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) | 79408.33 | 543114.92 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 365.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 79408.33 | 542749.92 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 1107.92 | 8470.82 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1107.92 | 8470.82 |

**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 / 85 |
| | <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)
Prema Abraham

Mailing Address 2800 3rd Street
Black Hills Regional Eye Inst

City Rapid City State SD Zip Code 57701-7374

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
09 / 12 / 2006

Transaction ID: AEFV3S293888

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 880 Kempsville Road Suite 1300

City Norfolk State VA Zip Code 23502-3931

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
09 / 12 / 2006

Transaction ID: AEFV56787265

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 2315 Sunset Boulevard Suite B

City Steubenville State OH Zip Code 43952-2496

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
09 / 06 / 2006

Transaction ID: AEFLVO772831

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1230.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 85 |
| | <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)
Todd Auker

Mailing Address 2324 Santa Rita Road Suite 7
Auker Eye Inst

City Pleasanton State CA Zip Code 94566-4150

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
09 / 19 / 2006

Transaction ID: G9TEFK707853

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 4344 20th Avenue S

City Fargo State ND Zip Code 58103-4434

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
09 / 26 / 2006

Transaction ID: G9TQI7770622

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 302 Randall Road Suite 10

City Geneva State IL Zip Code 60134-4209

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
09 / 15 / 2006

Transaction ID: AEFYWY123713

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶ **1865.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 85 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) Michael Bennett | | Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006 | |
| Mailing Address 4381 Aukai Avenue | | Transaction ID: AEFV3S244414 | |
| City Honolulu | State HI | Zip Code 96816-4801 | 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 | | |

| | | | |
|--|--|--|--|
| B. Full Name (Last, First, Middle Initial) Adam Berger | | Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006 | |
| Mailing Address 400 Avenue K Southeast Suite 7 Vitreous and Retina Consultants | | Transaction ID: G9TNDI828451 | |
| City Winter Haven | State FL | Zip Code 33880-4123 | Amount of Each Receipt this Period 365.00 |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00 | | |

| | | | |
|--|--|--|--|
| C. Full Name (Last, First, Middle Initial) Robert Bergren | | Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006 | |
| Mailing Address 3501 Forbes Avenue Retina Vitreous Cnslts | | Transaction ID: G9TFMI560127 | |
| City Pittsburgh | State PA | Zip Code 15213-3317 | Amount of Each Receipt this Period 350.00 |
| 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 ▼ 350.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1215.00 |
| 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 / 85 |
| | <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)
Louis Betz

Mailing Address 3 Hospital Drive

City State Zip Code
Lewisburg PA 17837-9362

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
09 / 12 / 2006

Transaction ID: AEFV3S958764

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 5825 S Main Street Suite 202

City State Zip Code
Clarkston MI 48346-2983

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
09 / 06 / 2006

Transaction ID: AEFLVO916350

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 915 Palmer Road
Retina Consultations

City State Zip Code
Bronxville NY 10708-3304

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

Name of Employer self
Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: 03842-14030092954635

Amount of Each Receipt this Period
250.00

PAC 3rd of 4

| | | |
|--|---|---------|
| 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 / 85 |
| | <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 Brower | | Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006 |
| Mailing Address 504 Willabay Drive | | Transaction ID: 03842-13029116392135 |
| City State Zip Code Williams Bay WI 53191-9627 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | PAC 3rd of 4 | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 750.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) James Bryan | | Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006 |
| Mailing Address 55 Vilcom Center Suite 140 | | Transaction ID: AEFEO368148 |
| City State Zip Code Chapel Hill NC 27514-1690 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| C. Full Name (Last, First, Middle Initial) Jeffrey Camp | | Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006 |
| Mailing Address 10956 Donner Pass Road Suite 120 | | Transaction ID: G9T17D585672 |
| City State Zip Code Truckee CA 96161-4860 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 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 11 / 85 |
| <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)
Denise Chamblee

Mailing Address 11800 Rock Landing Drive

City State Zip Code
Newport News VA 23606-4206

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2006

Transaction ID: F2F76773TFEAE

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 6413 Edinburgh Drive

City State Zip Code
Nashville TN 37221-3721

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 ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2006

Transaction ID: G9TNDI606500

Amount of Each Receipt this Period
1500.00

Batch Tool - PAC

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

Mailing Address 4100 Long Beach Boulevard Suite 10

City State Zip Code
Long Beach CA 90807-2696

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
09 / 28 / 2006

Transaction ID: G9TS1O567148

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

| | | |
|--|---|---------|
| 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 12 / 85 |
| | <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 Colombo

Mailing Address 22835 Kelly Road

City State Zip Code
Eastpointe MI 48021-2073

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
09 / 06 / 2006

Transaction ID: AEFLVO424235

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 2747 Crescent Street Suite 101
Retina Specialists of New York

City State Zip Code
Astoria NY 11102-3142

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
09 / 07 / 2006

Transaction ID: AEFNA2014713

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 4842 W Chapin Lane

City State Zip Code
Berrien Springs MI 49103-9631

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
09 / 13 / 2006

Transaction ID: AEFWK4774161

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 980.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 85 |
| | <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)
Thomas Crawford

Mailing Address 5050 Northeast Hoyt Street Suite 4

City Portland State OR Zip Code 97213-2984

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
09 / 22 / 2006

Transaction ID: G9T17D178543

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 3006 S Maryland Parkway Suite 215

City Las Vegas State NV Zip Code 89109-6213

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
09 / 19 / 2006

Transaction ID: G9TEFK918177

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address PO Box 8096

City Saint Louis State MO Zip Code 63156-8096

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
09 / 25 / 2006

Transaction ID: G9TNDI405728

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1230.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 85 |
| | <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. Michael Daun | | Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006 | |
| Mailing Address 2055 Reading Road | | Transaction ID: 03842-19543093442917 | |
| City State Zip Code Cincinnati OH 45202-1461 | Amount of Each Receipt this Period 125.00 | | |
| FEC ID number of contributing federal political committee. C | PAC 3rd of 4 | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 557.50 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Sujote David | | Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006 | |
| Mailing Address 8919 Parallel Parkway Suite 226 | | Transaction ID: G9T17D333785 | |
| City State Zip Code Kansas City KS 66112-1655 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Glenn Davis | | Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2006 | |
| Mailing Address 1510 Bob White Boulevard | | Transaction ID: G9TGYC715483 | |
| City State Zip Code Pulaski VA 24301-4406 | 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) ▶ | 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 15 / 85 |
| | <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. Eugene De Juan | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6 |
| Mailing Address Jean Kelly Stock Distinguished Pro University of California; Beckman | | Transaction ID: G9TTW2727929 |
| City San Francisco | State CA | Zip Code 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 | Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Thomas Deutsch | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 |
| Mailing Address 1725 W Harrison Street Suite 918 | | Transaction ID: G9TEFK473912 |
| City Chicago | State IL | Zip Code 60612-3863 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer self self | Occupation Ophthalmologist | Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Anna Di Lorenzo | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6 |
| Mailing Address 2877 Crooks Rd. Suite B | | Transaction ID: 03842-20063418149948 |
| City Troy | State MI | Zip Code 48084-4717 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer self self | Occupation Ophthalmologist | PAC 4th of 4 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 85 |
| | <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. Alan Dorfman | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6 |
| Mailing Address 510 West Avenue PO Box 2099 | | Transaction ID: G9TS1O778855 |
| City Jenkintown | State PA | Amount of Each Receipt this Period 500.00 |
| Zip Code 19046-2725 | FEC ID number of contributing federal political committee. C | Batch Tool - PAC |
| Name of Employer self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mark Drabkin | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6 |
| Mailing Address 3707 Maidu Place | | Transaction ID: AEFXLD607756 |
| City Davis | State CA | Amount of Each Receipt this Period 333.33 |
| Zip Code 95618-5081 | FEC ID number of contributing federal political committee. C | Batch Tool - PAC |
| Name of Employer self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 666.67 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Robert Dreher | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 |
| Mailing Address 34 Old County Road Maine Coast Eye Care | | Transaction ID: G9TQI7743155 |
| City Rockport | State ME | Amount of Each Receipt this Period 365.00 |
| Zip Code 04856-4004 | FEC ID number of contributing federal political committee. C | Batch Tool - PAC |
| Name of Employer self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1198.33 |
| 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 / 85 |
| | <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 Dresner

Mailing Address 2121 Wilshire Boulevard Suite 301

City State Zip Code
Santa Monica CA 90403-5743

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
09 / 20 / 2006

Transaction ID: G9TFMI831312

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 801 W 38th Street Suite 300

City State Zip Code
Austin TX 78705-1167

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
09 / 07 / 2006

Transaction ID: AEFNA2659136

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 1233 34th Street Northwest
Merit Care Clinic Bemidji

City State Zip Code
Bemidji MN 56601-5112

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
09 / 07 / 2006

Transaction ID: AEFNA2267513

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 980.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 85 |
| | <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. Robert Dykstra | | Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 | |
| Mailing Address 7232 Engle Road | | Transaction ID: 03842-57543581724167 | |
| City State Zip Code Fort Wayne IN 46804-2222 | Amount of Each Receipt this Period 125.00 | | |
| FEC ID number of contributing federal political committee. C | PAC 3rd of 4 | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 375.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Ralph Eagle | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 | |
| Mailing Address 840 Walnut Street Suite 1410 Wills Eye Hospital | | Transaction ID: G9TTW2336140 | |
| City State Zip Code Philadelphia PA 19107-5109 | 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. Timothy Ehlen | | Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006 | |
| Mailing Address 2805 Campus Drive Suite 105 | | Transaction ID: AEFLVO973171 | |
| City State Zip Code Plymouth MN 55441-2677 | 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) ▶ | 1125.00 |
| 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 / 85 |
| | <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)
Suzanne Everhart

Mailing Address 211 England St. Suite D

City State Zip Code
Ashland VA 23005-2086

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
09 / 12 / 2006

Transaction ID: AEFV56168521

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 700 Spruce Street Suite 100

City State Zip Code
Philadelphia PA 19106-4023

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
09 / 13 / 2006

Transaction ID: AEFWK4822219

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address 70 Ridge Road

City State Zip Code
North Arlington NJ 07031-6318

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.75

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2006

Transaction ID: 03842-35876101255417

Amount of Each Receipt this Period
91.25

PAC 3rd of 4

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 841.25 |
| 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 20 / 85 |
| | <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)
Natalka Fedoriw

Mailing Address 3301 Lake Avenue

City State Zip Code
Fort Wayne IN 46805-5529

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
09 / 19 / 2006

Transaction ID: G9TEFK478125

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 7150 Greenville Avenue Suite 300
Greenville Med Tower

City State Zip Code
Dallas TX 75231-5185

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
09 / 05 / 2006

Transaction ID: FPZE7UKFKFEA

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 4420 Beta Avenue

City State Zip Code
Cleveland OH 44105-3152

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
09 / 06 / 2006

Transaction ID: AEFLVO170434

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1230.00**

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

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 85 |
| | <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)
Leonard Friedman

Mailing Address 650 Pennsylvania Avenue Southeast

City Washington State DC Zip Code 20003-4347

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
09 / 11 / 2006

Transaction ID: AEFTV0452818

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Nicoletta Fynn-Thompson

Mailing Address 50 Staniford Street Suite 600
Ophthalmic Consultants of Boston

City Boston State MA Zip Code 02114-2539

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
09 / 27 / 2006

Transaction ID: FBY4YK7XQT9GZ

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 30 E 60th Street

City New York State NY Zip Code 10022-1008

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 ▼ 400.00

Date of Receipt
09 / 26 / 2006

Transaction ID: G9TQI7722204

Amount of Each Receipt this Period
400.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1130.00 |
| 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 / 85 |
| | <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. Ilona Genis | | Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006 | |
| Mailing Address 3039 Ocean Parkway | | Transaction ID: AEFV3S241678 | |
| City State Zip Code Brooklyn NY 11235-8370 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) B. Joan Gewirtz | | Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006 | |
| Mailing Address 70 Mill River Street Suite LI3 | | Transaction ID: G9T17D568262 | |
| City State Zip Code Stamford CT 06902-3725 | 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. Kris Gillian | | Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006 | |
| Mailing Address 575 Professional Drive Suite 100 | | Transaction ID: G9TTW2866972 | |
| 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 | Aggregate Year-to-Date ▼ 365.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1115.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 85 |
| | <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 Goodrich

Mailing Address 621 S New Ballas Road Suite 585A

City State Zip Code
Saint Louis MO 63141-8251

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
09 / 06 / 2006

Transaction ID: AEFLVO344031

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 2853 Freeport Road

City State Zip Code
Natrona Heights PA 15065-1905

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
09 / 13 / 2006

Transaction ID: AEFWK4083487

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 66 Sunset Strip Suite 107
Roxbury Eye Center Pc

City State Zip Code
Succasunna NJ 07876-1362

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
09 / 28 / 2006

Transaction ID: G9TS9P620356

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 85 |
| | <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) Christopher Greer | | Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 |
| Mailing Address PO Box 3528 Cooper Clinic | | Transaction ID: 03842-53078860044479 |
| City State Zip Code Fort Smith AR 72913-3528 | Amount of Each Receipt this Period 125.00 | |
| FEC ID number of contributing federal political committee. C | PAC 3rd of 4 | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 375.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) John Griffin | | Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006 |
| Mailing Address 475 Irving Avenue Suite 420 | | Transaction ID: AEFV3S035769 |
| City State Zip Code Syracuse NY 13210-1573 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| C. Full Name (Last, First, Middle Initial) Paul Gulbas | | Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006 |
| Mailing Address 1201 N Mesa Street | | Transaction ID: 03842-94504946470261 |
| City State Zip Code El Paso TX 79902-4000 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | PAC 3rd of 4 | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 750.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 740.00 |
| 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 / 85 |
| | <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) Leo Harf | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 |
| Mailing Address 999 N Curtis Road Suite 205 Intermountain Eye Clinic | | Transaction ID: G9TQI7253341 |
| City State Zip Code Boise ID 83706-1316 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Christopher Haupt | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 |
| Mailing Address 1501 50th Street Suite 133 Iowa Retina Consultants | | Transaction ID: 03842-08095949888229 |
| City State Zip Code West Des Moines IA 50266-5920 | Amount of Each Receipt this Period 91.25 | |
| FEC ID number of contributing federal political committee. C | PAC 3rd of 4 | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 273.75 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Edward Hernandez | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 |
| Mailing Address 2030 S Solano Drive | | Transaction ID: G9TQI7831275 |
| City State Zip Code Las Cruces NM 88001-5402 | 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) ▶ | 1091.25 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 85 |
| | <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)
Jorge Hernandez

Mailing Address PO Box 800794

City State Zip Code
Coto Laurel PR 00780-0794

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2006

Transaction ID: G9TNDI307767

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

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

Mailing Address PO Box 819
415 W Third Street

City State Zip Code
Yankton SD 57078-0819

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
09 / 05 / 2006

Transaction ID: AEFKBD612217

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 2615 Forest Ridge Drive

City State Zip Code
Missouri City TX 77459-2645

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
09 / 25 / 2006

Transaction ID: G9TNDI285128

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1165.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 85 |
| | <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. Paul Hiss | | Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006 |
| Mailing Address 2285 Green Vista Drive | | Transaction ID: FGNDSL685238 |
| City State Zip Code Sparks NV 89431-8532 | 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. John Hofbauer | | Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006 |
| Mailing Address 416 N Bedford Drive Suite 300 | | Transaction ID: AEFTS4436488 |
| City State Zip Code Beverly Hills CA 90210-4309 | 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. William Holcomb | | Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006 |
| Mailing Address 1890 Al Highway 157 Suite 410 | | Transaction ID: 05078-73402041196823 |
| City State Zip Code Cullman AL 35058-0689 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | PAC 3rd of 4 | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 600.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2200.00 |
| 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 / 85 |
| | <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 Irvine

Mailing Address 1450 San Pablo Street Suite 5703
Doheny Eye Institute

City Los Angeles State CA Zip Code 90033-4500

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
09 / 15 / 2006

Transaction ID: AEFYWY107153

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address Ophthalmic Consultants-Boston
50 Staniford 6th Floor

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2006

Transaction ID: FCJNPLWEST9G7

Amount of Each Receipt this Period
250.00

PACWEB GENERATED CONTRIBU-TION

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

Mailing Address 158 Meshanticut Valley Parkway

City Cranston State RI Zip Code 02920-3964

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
09 / 30 / 2006

Transaction ID: 06903-68925112485886

Amount of Each Receipt this Period
125.00

PAC 2nd of 4

| | |
|--|---------------|
| 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 29 / 85 |
| | <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)
Paul Jones

Mailing Address 1550 Riverside Avenue

City State Zip Code
Jacksonville FL 32204-4161

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
09 / 25 / 2006

Transaction ID: G9TNDI029732

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 4925 J Street

City State Zip Code
Sacramento CA 95819-3828

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
09 / 27 / 2006

Transaction ID: G9TQI7825567

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 20 S Burnett Road
Kearfott Eye Group Inc

City State Zip Code
Springfield OH 45505-1489

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 06 / 2006

Transaction ID: AEFLVO868435

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1165.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 30 / 85 |
| <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. James Kiley | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6 | |
| Mailing Address 3320 Executive Drive Suite 111 | | Transaction ID: FGNDSL996221 | |
| City Raleigh | State NC | Zip Code 27609-7445 | Amount of Each Receipt this Period 365.00 |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Stephen Knight | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 | |
| Mailing Address 930 Springdale Road Northeast | | Transaction ID: AEFLVO147557 | |
| City Atlanta | State GA | Zip Code 30306-2628 | 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 Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Robert Knox | | Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 6 | |
| Mailing Address 3000 Rogers Avenue | | Transaction ID: FA5U51NIMT9G1 | |
| City Fort Smith | State AR | Zip Code 72901-4232 | Amount of Each Receipt this Period 300.00 |
| FEC ID number of contributing federal political committee. C | | PACWEB GENERATED CONTRIBUTION | |
| Name of Employer self | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 915.00 |
| 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 / 85 |
| | <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)
Richard Koop

Mailing Address 8445 Augusta Lane

City State Zip Code
Holland OH 43528-9243

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: F8Z16FJEIT9G7

Amount of Each Receipt this Period
300.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 1051 Ocean Shore Boulevard Apt. 20

City State Zip Code
Ormond Beach FL 32176-4179

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.75

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2006

Transaction ID: 05078-89045351743699

Amount of Each Receipt this Period
91.25

PAC 3rd of 4

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

Mailing Address 1810 Fullerton Avenue Suite 206
Inland Valley Retina

City State Zip Code
Corona CA 92881-3110

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
09 / 16 / 2006

Transaction ID: 03842-67130678892136

Amount of Each Receipt this Period
125.00

PAC 2nd of 4

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 516.25 |
| 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 33 / 85 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Full Name (Last, First, Middle Initial)
Rick Leoni

Mailing Address 203 Rue Louis XIV Suite A

City State Zip Code
Lafayette LA 70508-5736

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 ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: G9TTR5251578

Amount of Each Receipt this Period
125.00

PAC 3rd of 4

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

Mailing Address 5140 N California Avenue Suite 565
Galter Medical Pavilion

City State Zip Code
Chicago IL 60625-2577

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
09 / 15 / 2006

Transaction ID: AEFYWY780946

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Ucsf School of Medicine/Ophth
10 Kirkham Street/K330

City State Zip Code
San Francisco CA 94143-0001

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: G9TTW2167448

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 790.00 |
| 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 / 85 |
| | <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 Lindsay

Mailing Address 2725 E 29th Street

City State Zip Code
Bryan TX 77802-2504

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 12 / 2006

Transaction ID: AEFV56522029

Amount of Each Receipt this Period
25.00

Batch Tool - PAC

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

Mailing Address 915 Old Fern Hill Road Suite 200

City State Zip Code
West Chester PA 19380-4269

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
09 / 27 / 2006

Transaction ID: G9TQI7688521

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 1441 Kapiolani Boulevard Suite 418

City State Zip Code
Honolulu HI 96814-4400

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 ▼ 375.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2006

Transaction ID: 03842-86545962095261

Amount of Each Receipt this Period
125.00

PAC 3rd of 4

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 515.00 |
| 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 / 85 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

Mailing Address 17800 Talbot Rd. S

City Renton State WA Zip Code 98055-5740

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
09 / 22 / 2006

Transaction ID: G9T17D204262

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Manuel Lopez De Victoria

Mailing Address 1250 Avenue Jesus T Pinero

City San Juan State PR Zip Code 00921-1616

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
09 / 19 / 2006

Transaction ID: G9TEFK682943

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address 1025 E 3300 S Suite B

City Salt Lake City State UT Zip Code 84106-4389

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
09 / 26 / 2006

Transaction ID: G9TQI7023873

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 36 / 85 |
| | <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. Ben Mahan | | Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2006 |
| Mailing Address 926 N Jackson Street PO Box 1118 | | Transaction ID: 03842-44410341978073 |
| City Tullahoma State TN Zip Code 37388-2332 | Amount of Each Receipt this Period 125.00 | |
| FEC ID number of contributing federal political committee. C | PAC 2nd of 4 | |
| Name of Employer self Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Raoul Maizel | | Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006 |
| Mailing Address 2224 Alaqua Drive | | Transaction ID: AEFWK4880797 |
| City Longwood State FL Zip Code 32779-3100 | 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 Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Sid Mandelbaum | | Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006 |
| Mailing Address 178 E 71st Street | | Transaction ID: AEFXMT234529 |
| City New York State NY Zip Code 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 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) ▶ | 740.00 |
| 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 / 85 |
| | <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)
Mark Mannis

Mailing Address 4860 Y Street # 2400
Uc Davis Department of Ophthalmolo

City State Zip Code
Sacramento CA 95817-2307

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 ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 27 / 2006

Transaction ID: 05078-98276919126511

Amount of Each Receipt this Period
125.00

PAC 3rd of 4

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

Mailing Address 3410 Kimball Avenue
Mauer Eye Center Pc

City State Zip Code
Waterloo IA 50702-5735

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
09 / 05 / 2006

Transaction ID: AEFKBD165040

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address PO Box 1678

City State Zip Code
Lubbock TX 79408-1678

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
09 / 29 / 2006

Transaction ID: 05355-73978823423386

Amount of Each Receipt this Period
125.00

PAC 4th of 4

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

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 / 85 |
| | <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)
Charles McCash

Mailing Address 85 Northeast Loop 410 Suite 112
Children's Eye Center of South Tex

City San Antonio State TX Zip Code 78216-5844

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
09 / 22 / 2006

Transaction ID: G9T17D483634

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address 1255 Pineview Drive

City Morgantown State WV Zip Code 26505

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 ▼ 1125.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2006

Transaction ID: 03842-40909975767136

Amount of Each Receipt this Period
375.00

PAC 3rd of 4

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

Mailing Address 2325 Aberdeen Boulevard Suite A

City Gastonia State NC Zip Code 28054-0614

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
09 / 06 / 2006

Transaction ID: AEFLVO620263

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2375.00 |
| 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 / 85 |
| | <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 Mieler

Mailing Address Department of Ophth
5841 S Maryland Avenue Mc 2114

City State Zip Code
Chicago IL 60637-1447

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
09 / 11 / 2006

Transaction ID: AEFTV0183253

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 3435 Northwest 56th St. Building A

City State Zip Code
Oklahoma City OK 73112-4448

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
09 / 29 / 2006

Transaction ID: 05355-95687502622605

Amount of Each Receipt this Period
125.00

PAC 2nd of 4

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

Mailing Address 5544 Metropolitan Avenue

City State Zip Code
Ridgewood NY 11385-1221

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
09 / 12 / 2006

Transaction ID: AEFV56357147

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 40 / 85 |
| | <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)
Perry Mollick

Mailing Address 1 Center Lane

City State Zip Code
Levittown NY 11756-1032

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
09 / 28 / 2006

Transaction ID: G9TS9P530927

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address 1803 Old Ocilla Road

City State Zip Code
Tifton GA 31794-1617

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
09 / 06 / 2006

Transaction ID: AEFLVO647531

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 1339 Gunnell Court

City State Zip Code
Mc Lean VA 22102-1517

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
09 / 15 / 2006

Transaction ID: AEFYWY829274

Amount of Each Receipt this Period
375.00

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 41 / 85 |
| | <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. Anthony Musto | | Date of Receipt MM / DD / YYYY 09 / 15 / 2006 |
| Mailing Address 3060 Main Street Suite 101 | | Transaction ID: 03842-10584658384323 |
| City Stratford | State CT | Zip Code 06614-4945 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 91.25 |
| Name of Employer self self | Occupation Ophthalmologist | PAC 3rd of 4 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 273.75 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Sean Neel | | Date of Receipt MM / DD / YYYY 09 / 01 / 2006 |
| Mailing Address 668 Skyline Drive Eye Clinic Pc | | Transaction ID: AEFEAO228229 |
| City Jackson | State TN | Zip Code 38301-3951 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 365.00 |
| Name of Employer self self | Occupation Ophthalmologist | Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Chad Norton | | Date of Receipt MM / DD / YYYY 09 / 01 / 2006 |
| Mailing Address 400 Walden Drive | | Transaction ID: AEFEAO535801 |
| City Alexandria | State LA | Zip Code 71303-2951 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer self self | Occupation Ophthalmologist | Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 / 85 |
| | <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. Jack Oats | | Date of Receipt MM / DD / YYYY 09 / 29 / 2006 |
| Mailing Address 47 Inlet View Path | | Transaction ID: G9TU41321483 |
| City East Moriches | State NY | Zip Code 11940-1605 |
| 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. Sara O'Connell | | Date of Receipt MM / DD / YYYY 09 / 06 / 2006 |
| Mailing Address 7504 Antioch Road | | Transaction ID: 03842-04444521665573 |
| City Overland Park | State KS | Zip Code 66204-2622 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer self self | Occupation Ophthalmologist | PAC 3rd of 4 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. James Pancurak | | Date of Receipt MM / DD / YYYY 09 / 20 / 2006 |
| Mailing Address 436 Commons Way | | Transaction ID: G9TFMI114155 |
| City Toms River | State NJ | Zip Code 08755-6428 |
| 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) | ▶ | 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 43 / 85 |
| | <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. Gregory Panzo | | Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006 |
| Mailing Address 2037 Crooked Lake Estates Lane | | Transaction ID: 03842-96960085630417 |
| City State Zip Code Eustis FL 32726-5721 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | PAC 3rd of 4 | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 750.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. H. Patchett | | Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2006 |
| Mailing Address 3237 Professional Dr. Suite A | | Transaction ID: G9TEFK358868 |
| City State Zip Code Auburn CA 95602-2414 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Evelyn Paysse | | Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2006 |
| Mailing Address 6621 Fannin Street Mc 640.00 | | Transaction ID: AEFEO526457 |
| City State Zip Code Houston TX 77030-2303 | 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) ▶ | 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 44 / 85 |
| | <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) Randall Peairs Mailing Address 200 Mifflin Avenue City <u>Scranton</u> State <u>PA</u> Zip Code <u>18503-1982</u> FEC ID number of contributing federal political committee. <u>C</u> | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: AEFEAO875612 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Batch Tool - PAC | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 0 | 1 | | 2 | 0 | 0 | 6 | 500.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | | 0 | 1 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table> | | 500.00 | | | | | | | | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| B. Full Name (Last, First, Middle Initial) Julie Perry Mailing Address 999 Adams St. Suite D City <u>Saint Helena</u> State <u>CA</u> Zip Code <u>94574-1148</u> FEC ID number of contributing federal political committee. <u>C</u> | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: AEFKBD809133 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> Batch Tool - PAC | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 0 | 5 | | 2 | 0 | 0 | 6 | 250.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | | 0 | 5 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table> | | 250.00 | | | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| C. Full Name (Last, First, Middle Initial) James Pinke Mailing Address 9 Cots Street Suite 1A Shelton Medical Center City <u>Shelton</u> State <u>CT</u> Zip Code <u>06484-3866</u> FEC ID number of contributing federal political committee. <u>C</u> | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: AEFV3S318294 Amount of Each Receipt this Period <table border="1"> <tr> <td>300.00</td> </tr> </table> Batch Tool - PAC | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 1 | 2 | | 2 | 0 | 0 | 6 | 300.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | | 1 | 2 | | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 300.00 | | | | | | | | | | | | | | | | | | | | | | | |
| 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 ▼ <table border="1"> <tr> <td>300.00</td> </tr> </table> | | 300.00 | | | | | | | | | | | | | | | | | | | | | |
| 300.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1050.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 / 85 |
| | <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 Quayle

Mailing Address 2855 Gramercy Street
Houston Eye Associates

City Houston State TX Zip Code 77025-1635

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
09 / 26 / 2006

Transaction ID: G9TQI7909505

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address 50 Staniford Street Suite 600

City Boston State MA Zip Code 02114-2539

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
09 / 30 / 2006

Transaction ID: FDQI3AQPVT9G0

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 165 Cambridge Street Floor 3
Cornea Consultants

City Boston State MA Zip Code 02114-2783

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
09 / 29 / 2006

Transaction ID: FD53E3P6UT9G7

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

| | | |
|--|---|---------|
| 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 46 / 85 |
| | <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)
Paul Rastrelli

Mailing Address 4304 Muir

City Pueblo State CO Zip Code 81008

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
09 / 05 / 2006

Transaction ID: AEFKBD319368

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 834 N Seminary Street Suite 103

City Galesburg State IL Zip Code 61401-2897

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 ▼ 273.75

Date of Receipt
09 / 15 / 2006

Transaction ID: 03842-45484560728073

Amount of Each Receipt this Period
91.25

PAC 3rd of 4

C. Full Name (Last, First, Middle Initial)
Luis Rivera-Rodriguez

Mailing Address PO Box 3241

City Mayaguez State PR Zip Code 00681-3241

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 ▼ 273.75

Date of Receipt
09 / 19 / 2006

Transaction ID: 03842-41334170103073

Amount of Each Receipt this Period
91.25

PAC 3rd of 4

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 682.50 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 / 85 |
| | <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)
Alan Row

Mailing Address 3813 22nd Street

City Lubbock State TX Zip Code 79410-1199

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
09 / 12 / 2006

Transaction ID: AEFV3S444785

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 750 E Beau Street
Southwestern Pa Eye Center

City Washington State PA Zip Code 15301-6661

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
09 / 06 / 2006

Transaction ID: AEFLVO231867

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

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

Mailing Address 12818 Tesson Ferry Road Suite 201

City Saint Louis State MO Zip Code 63128-2945

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
09 / 28 / 2006

Transaction ID: G9TS1O559552

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1030.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 / 85 |
| | <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)
Gerald Schultz

Mailing Address 81893 Doctor Carreon Boulevard Sui

City State Zip Code
Indio CA 92201-5592

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2006

Transaction ID: FGNDL472666

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

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

Mailing Address 323 N Prairie Avenue Suite 201

City State Zip Code
Inglewood CA 90301-4504

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
09 / 25 / 2006

Transaction ID: G9TNDI394526

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 11620 Wilshire Boulevard Suite 711

City State Zip Code
Los Angeles CA 90025-1781

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
09 / 19 / 2006

Transaction ID: G9TEFK873478

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1165.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 / 85 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Full Name (Last, First, Middle Initial)
Christian Serdahl

Mailing Address 4925 J Street

City State Zip Code
Sacramento CA 95819-3828

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
09 / 06 / 2006

Transaction ID: AEFLVO611613

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 33 Upper Riverdale Road Southwest

City State Zip Code
Riverdale GA 30274-2642

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
MM / DD / YYYY
09 / 26 / 2006

Transaction ID: G9TP9D364570

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address 608 Stanton L Young Boulevard

City State Zip Code
Oklahoma City OK 73104-5014

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
09 / 22 / 2006

Transaction ID: G9T17D626865

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 50 / 85 |
| | <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)
Eric Sieck

Mailing Address 921 Birdie Lane

City State Zip Code
Quincy IL 62305-6194

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
09 / 06 / 2006

Transaction ID: AEFLVO755521

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 475 Tuckahoe Road Suite 203

City State Zip Code
Yonkers NY 10710-5716

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
09 / 08 / 2006

Transaction ID: AEFOF3180974

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 302 Randall Road Suite 10

City State Zip Code
Geneva IL 60134-4209

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 13 / 2006

Transaction ID: AEFWK4005124

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1095.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 / 85 |
| | <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 Slott

Mailing Address 400 Westhampton Station

City Richmond State VA Zip Code 23226-3330

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
09 / 28 / 2006

Transaction ID: G9TS1O137233

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 138 W Avon Parkway

City Asheville State NC Zip Code 28804-1410

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
09 / 27 / 2006

Transaction ID: 05078-00173586606979

Amount of Each Receipt this Period
125.00

PAC 3rd of 4

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

Mailing Address 10 Vision Lane
the Eye Center of Natchez; Inc.

City Natchez State MS Zip Code 39120-4607

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
09 / 19 / 2006

Transaction ID: G9TEFK754535

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 855.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 / 85 |
| | <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)
Stephen Smith

Mailing Address 4225 Evans Avenue

City State Zip Code
Fort Myers FL 33901-9311

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
09 / 06 / 2006

Transaction ID: FVY5C4SOMFEA

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 167 Ashley Avenue Suite 221

City State Zip Code
Charleston SC 29403-5836

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

Name of Employer self Occupation
University of Medical Associates 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
09 / 27 / 2006

Transaction ID: FBYB001XPT9G6

Amount of Each Receipt this Period
1000.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 301 E Muhammad Ali Boulevard
Key Lions Eye Center

City State Zip Code
Louisville KY 40202-1511

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
09 / 13 / 2006

Transaction ID: AEFWK4252545

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 53 / 85 |
| | <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. John Stabile | | Date of Receipt MM / DD / YYYY 09 / 15 / 2006 |
| Mailing Address 111 Dean Drive | | Transaction ID: AEFYWY331360 |
| City Tenafly | State NJ | Zip Code 07670-2764 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 1000.00 |
| Name of Employer 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 ▼ 1000.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Edward Stack | | Date of Receipt MM / DD / YYYY 09 / 15 / 2006 |
| Mailing Address 4318 Sunny Lake Drive | | Transaction ID: AEFYWY335372 |
| City Hartland | State MI | Zip Code 48353-1430 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 365.00 |
| Name of Employer self | Occupation Ophthalmologist | Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. James Sutton | | Date of Receipt MM / DD / YYYY 09 / 21 / 2006 |
| Mailing Address 3631 Bienville Boulevard | | Transaction ID: G9TGYC860362 |
| City Ocean Springs | State MS | Zip Code 39564-5702 |
| FEC ID number of contributing federal political committee. | C | Amount of Each Receipt this Period 1000.00 |
| Name of Employer 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 ▼ 1000.00 | |

| | | |
|--|---|---------|
| 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 54 / 85 |
| | <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. Ali Tabassian | | Date of Receipt MM / DD / YYYY 09 / 07 / 2006 |
| Mailing Address 8700 Stony Point Parkway Suite 150 | | Transaction ID: AEFNA2617557 |
| City Richmond | State VA | Zip Code 23235-1963 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 365.00 |
| Name of Employer 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. Sharon Taylor | | Date of Receipt MM / DD / YYYY 09 / 05 / 2006 |
| Mailing Address 5900 Corporate Drive Suite 150 | | Transaction ID: AEFKN0516266 |
| City Pittsburgh | State PA | Zip Code 15237-7005 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer 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 ▼ 300.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Edmond Thall | | Date of Receipt MM / DD / YYYY 09 / 12 / 2006 |
| Mailing Address 1266 E Sherman Boulevard | | Transaction ID: AEFV3S461252 |
| City Muskegon | State MI | Zip Code 49444-1847 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 365.00 |
| Name of Employer 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) | ▶ | 1030.00 |
| 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 55 / 85 |
| | <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. Vance Thompson | | Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2006 |
| Mailing Address 1310 W 22nd Street | | Transaction ID: AEFV56485187 |
| City State Zip Code Sioux Falls SD 57105-1501 | 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. Charles Thornton | | Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2006 |
| Mailing Address 2931 Richmond Road | | Transaction ID: 03842-79714602231980 |
| City State Zip Code Texarkana TX 75503-2125 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | PAC 2nd of 4 | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Robert Tucker | | Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2006 |
| Mailing Address 9650 Ventana Way Suite 101 | | Transaction ID: AEFNA2161827 |
| City State Zip Code Alpharetta GA 30022-6395 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 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 56 / 85 |
| | <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)
Lyda Tymiak

Mailing Address 2650 Tampa Road

City State Zip Code
Palm Harbor FL 34684-3144

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
09 / 06 / 2006

Transaction ID: AEFLVO872750

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 262 Neil Avenue Suite 320

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
09 / 25 / 2006

Transaction ID: G9TNDI115126

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 616 N Garfield Avenue Suite 305

City State Zip Code
Monterey Park CA 91754-1101

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
09 / 08 / 2006

Transaction ID: AEFOF3374205

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1230.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 / 85 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Thomas Weiss | | Date of Receipt MM / DD / YYYY 09 / 12 / 2006 |
| Mailing Address 4701 N Meridian Avenue Suite 202 | | Transaction ID: 03842-24168032407760 |
| City State Zip Code Miami Beach FL 33140-2910 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 125.00 |
| Name of Employer self self | Occupation Ophthalmologist | PAC 3rd of 4 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Barry Welch | | Date of Receipt MM / DD / YYYY 09 / 07 / 2006 |
| Mailing Address 721 Sheridan Avenue Suite 280 | | Transaction ID: 03842-46084231138229 |
| City State Zip Code Cody WY 82414-3439 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 300.00 |
| Name of Employer self self | Occupation Ophthalmologist | PAC 3rd of 4 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 900.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Robert Werner | | Date of Receipt MM / DD / YYYY 09 / 25 / 2006 |
| Mailing Address 330 Straight Street Suite 201 | | Transaction ID: G9TNDI362326 |
| City State Zip Code Cincinnati OH 45219-1067 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| 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 ▼ 250.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 675.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 / 85 |
| | <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 Whitaker

Mailing Address 2021 N Macarthur Boulevard Suite 1

City Irving State TX Zip Code 75061-2210

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
09 / 25 / 2006

Transaction ID: G9TNDI267206

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 5303 Winrock Circle

City Temple State TX Zip Code 76502-8812

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
09 / 27 / 2006

Transaction ID: FBY4Z7N8QT9G4

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 1169 Eastern Parkway Suite 3334

City Louisville State KY Zip Code 40217-1415

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
09 / 27 / 2006

Transaction ID: FBYAHV1WPT9G1

Amount of Each Receipt this Period
1000.00

PACWEB GENERATED CONTRIBUTION

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1865.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 59 / 85 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

A. Full Name (Last, First, Middle Initial)
Martyn Wills

Mailing Address 211 N Eddy Street

City State Zip Code
South Bend IN 46617-2808

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2006

Transaction ID: AEFNA2921818

Amount of Each Receipt this Period
250.00

PAC 4th of 4

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

Mailing Address 201 Pennsylvania Parkway

City State Zip Code
Indianapolis IN 46280-2301

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
09 / 01 / 2006

Transaction ID: AEFEO224819

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 21 Arrowhead Lane

City State Zip Code
Saddle River NJ 07458-2503

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
09 / 06 / 2006

Transaction ID: AEFLVO328293

Amount of Each Receipt this Period
365.00

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: | | PAGE 60 / 85 | |
| | (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"/> 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)
Carol Ziel

Mailing Address 2025 Frontis Plaza Boulevard Suite
McKinley and Ziel Ophthalmology

City State Zip Code
Winston Salem NC 27103-5663

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: G9TTW2683557

Amount of Each Receipt this Period
730.00

Batch Tool - PAC

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 730.00 |
| TOTAL This Period (last page this line number only) | 65015.83 |

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

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 61 / 85 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |

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

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

Mailing Address 400 California Street

City State Zip Code
San Francisco CA 94104

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.15

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 3 | 0 | / | 2 | 0 | 0 | 6 |

Transaction ID: 9798500610125691677

Amount of Each Receipt this Period
53.65

MM interest 9/06

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 53.65 |
| TOTAL This Period (last page this line number only) | ▶ | 53.65 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 85

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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 9/06

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 3362630610125694180

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1107.92

SUBTOTAL of Disbursements This Page (optional)

1107.92

TOTAL This Period (last page this line number only)

1107.92

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 63 / 85

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. A Whole Lot of People for Grijalva Congressnl Cmte

Mailing Address PO Box 1242

City Tucson State AZ Zip Code 85702

Purpose of Disbursement
2006 General

Candidate Name
Grijalva Raul

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: AZ District: 07

Transaction ID: 9484360609055359175

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Andrews for Congress Committee

Mailing Address 215 Fourth Avenue
Suite 200

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
2006 General

Candidate Name
Andrews Robert

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NJ District: 01

Transaction ID: 5858300609055281028

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Anna Eshoo for Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
2006 General

Candidate Name
Eshoo Anna

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 14

Transaction ID: 2326170609055329461

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 85

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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: 8450440609055317547 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006 |
| Mailing Address PO Box 261060 | | Amount of Each Disbursement this Period 2000.00 |
| City Los Angeles | State CA Zip Code 90026 | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Becerra Xavier | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: CA District: 31 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Ben Cardin for Senate | | Transaction ID: 6483700609055227898 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006 |
| Mailing Address PO Box 21093 | | Amount of Each Disbursement this Period 2500.00 |
| City Catonsville | State MD Zip Code 21228 | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Cardin Benjamin | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MD District: 00 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Berkley for Congress | | Transaction ID: 0478470609055277965 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2006 |
| Mailing Address 3069 Conquista Court | | Amount of Each Disbursement this Period 2500.00 |
| City Las Vegas | State NV Zip Code 89121 | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Berkley Shelley | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NV District: 01 | | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7000.00 |
| 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)

PAGE 65 / 85

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

| | | |
|--|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Boren for Congress 2006</p> <p>Mailing Address PO Box 1924</p> <p>City Muskogee State OK Zip Code 74401</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Boren David</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 02</p> | | <p>Transaction ID: 4874680609055270032</p> <p>Date of Disbursement 09 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Boucher for Congress Committee</p> <p>Mailing Address PO Box 2000</p> <p>City Abingdon State VA Zip Code 24212</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Boucher Rick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 09</p> | | <p>Transaction ID: 5167410609055248383</p> <p>Date of Disbursement 09 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Charles A Gonzalez Congressional Campaign</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Gonzalez Charles</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 20</p> | | <p>Transaction ID: 1554210609055253550</p> <p>Date of Disbursement 09 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Category/ Type</p> |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 5500.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 85

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

| | | |
|---|--|--|
| <p>A. Chocola for Congress Inc</p> <p>Full Name (Last, First, Middle Initial) Chocola for Congress Inc</p> <p>Mailing Address PO Box 6728</p> <p>City South Bend State IN Zip Code 46660</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Chocola Chris</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 0894670609194447023</p> <p>Date of Disbursement 09 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p> |
|---|--|--|

| | | |
|--|--|--|
| <p>B. Cleaver for Congress</p> <p>Full Name (Last, First, Middle Initial) Cleaver for Congress</p> <p>Mailing Address 4801 Main Street Suite 1000</p> <p>City Kansas City State MO Zip Code 64112</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Cleaver Emanuel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 05</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 5183260609055286597</p> <p>Date of Disbursement 09 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p> |
|--|--|--|

| | | |
|--|--|--|
| <p>C. Cooper for Congress Committee</p> <p>Full Name (Last, First, Middle Initial) Cooper for Congress Committee</p> <p>Mailing Address PO Box 927</p> <p>City Brentwood State TN Zip Code 37024</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Cooper Jim</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 4214420609055255957</p> <p>Date of Disbursement 09 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>Category/Type</p> |
|--|--|--|

| | |
|---|-----------------------|
| <p>SUBTOTAL of Disbursements This Page (optional)</p> | <p>4000.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Cubin for Congress Inc | | Transaction ID: 7892520609055181325 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006 |
| Mailing Address Post Office Box 4657 PO Box 4657 | | Amount of Each Disbursement this Period 4000.00 |
| City Casper State WY Zip Code 82604 | Purpose of Disbursement 2006 General Candidate Name Cubin Barbara Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: WY District: 01 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Diana Degette for Congress Inc. | | Transaction ID: 3616910609055314819 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006 |
| Mailing Address PO Box 61337 | | Amount of Each Disbursement this Period 1500.00 |
| City Denver State CO Zip Code 80206 | Purpose of Disbursement 2006 General Candidate Name DeGette Diana Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: CO District: 01 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Doyle for Congress Committee | | Transaction ID: 2587670609055261610 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006 |
| Mailing Address 205 Hawthorne Court 2227 Hampton Street | | Amount of Each Disbursement this Period 2500.00 |
| City Pittsburgh State PA Zip Code 15221 | Purpose of Disbursement 2006 General Candidate Name Doyle Mike Category/Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: PA District: 14 | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 8000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 85

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Dutch Ruppensberger for Congress | | Transaction ID: 3671530609055304660 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address 22 West Padonia Road Suite C-141 | | Amount of Each Disbursement this Period 1000.00 |
| City Timonium State MD Zip Code 21093 | Purpose of Disbursement 2006 General | |
| Candidate Name Ruppensberger C.A. | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Earl Pomeroy for Congress | | Transaction ID: 0389820609276257820 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6 |
| Mailing Address PO Box 9336 | | Amount of Each Disbursement this Period 2500.00 |
| City Fargo State ND Zip Code 58106 | Purpose of Disbursement 2006 General | |
| Candidate Name Pomeroy Earl | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Engel for Congress | | Transaction ID: 7910010609055272480 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address 462 California Road | | Amount of Each Disbursement this Period 1000.00 |
| City Bronxville State NY Zip Code 10708 | Purpose of Disbursement 2006 General | |
| Candidate Name Engel Eliot | | Category/Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 69 / 85

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Fattah for Congress | | Transaction ID: 8656220609055264350 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address 3900 Ford Road Suite 12-O | | Amount of Each Disbursement this Period 2000.00 |
| City Philadelphia State PA Zip Code 19131 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Fattah Chaka | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Feinstein for Senate | | Transaction ID: 5719560609276250971 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6 |
| Mailing Address 601 S Glenoaks Boulevard #211 | | Amount of Each Disbursement this Period 2500.00 |
| City Burbank State CA Zip Code 91502 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Feinstein Dianne | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Feinstein for Senate | | Transaction ID: 7354100609055230333 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address 601 S Glenoaks Boulevard #211 | | Amount of Each Disbursement this Period 2500.00 |
| City Burbank State CA Zip Code 91502 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Feinstein Dianne | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 70 / 85

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

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Friends of Clay Shaw | | Transaction ID: 0138470609055196881 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 2188 2600 NE 14Th. Street Causeway | | Amount of Each Disbursement this Period 5000.00 |
| City Fort Lauderdale State FL Zip Code 33303 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Shaw E. | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Friends of Cliff Stearns | | Transaction ID: 2027210609055205634 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 308 | | Amount of Each Disbursement this Period 5000.00 |
| City Silver Springs State FL Zip Code 34489 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Stearns Clifford | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Friends of Corrine Brown | | Transaction ID: 8027120609055312646 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address 3109 River Bend Court D-102 | | Amount of Each Disbursement this Period 2000.00 |
| City Laurel State MD Zip Code 20724 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Brown Corrine | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 03 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 12000.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Friends of Dennis Cardoza | | Transaction ID: 6340080609055322727 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address 555 Capitol Mall Suite 1425 | | Amount of Each Disbursement this Period 1000.00 |
| City Sacramento State CA Zip Code 95814 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Cardoza Dennis | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Friends of Ginny Brown-Waite | | Transaction ID: 5365220609276260417 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6 |
| Mailing Address 704 Ponce De Leon Boulevard | | Amount of Each Disbursement this Period 2500.00 |
| City Brooksville State FL Zip Code 34601 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Brown-Waite Virginia | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Friends of Joe Pitts | | Transaction ID: 8611350609055190878 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 775 | | Amount of Each Disbursement this Period 5000.00 |
| City Unionville State PA Zip Code 19375 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Pitts Joseph | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 8500.00 |
| 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. Friends of Lois Capps | | Transaction ID: 5868710609055320416 Date of Disbursement 09 / 06 / 2006 |
| Mailing Address PO Box 23940 | | Amount of Each Disbursement this Period 2500.00 |
| City Santa Barbara State CA Zip Code 93121 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Capps Lois | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Full Name (Last, First, Middle Initial) B. Gutierrez for Congress | | Transaction ID: 5113620609055310360 Date of Disbursement 09 / 06 / 2006 |
| Mailing Address 2846 North River Walk Drive | | Amount of Each Disbursement this Period 2000.00 |
| City Chicago State IL Zip Code 60618 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Gutierrez Luis | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 04 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Full Name (Last, First, Middle Initial) C. Heather Wilson for Congress | | Transaction ID: 2394460609276254357 Date of Disbursement 09 / 28 / 2006 |
| Mailing Address PO Box 14070 | | Amount of Each Disbursement this Period 2500.00 |
| City Albuquerque State NM Zip Code 87191 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Wilson Heather | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 73 / 85

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Herseth for Congress | | Transaction ID: 7670050609055258750 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 2009 | | Amount of Each Disbursement this Period 2500.00 |
| City Sioux Falls | State SD | |
| Zip Code 57101 | | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Herseth Stephanie | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: SD District: 01 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Hooley for Congress | | Transaction ID: 1884260609055267362 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 2050 | | Amount of Each Disbursement this Period 2500.00 |
| City Salem | State OR | |
| Zip Code 97308 | | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Hooley Darlene | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: OR District: 05 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Inslee for Congress | | Transaction ID: 8654570609055245063 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 33027 | | Amount of Each Disbursement this Period 2500.00 |
| City Seattle | State WA | |
| Zip Code 98133 | | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Inslee Jay | | Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: WA District: 01 | | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 7500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Jeb Bradley for Congress | | Transaction ID: 2561760609134253532 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address 645 South Main Street | | Amount of Each Disbursement this Period 2500.00 |
| City Wolfeboro State NH Zip Code 03894 | Purpose of Disbursement 2006 General Candidate Name Bradley Joseph Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 01 | |
| Category/Type | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Jim Jordan for Congress | | Transaction ID: 2564920609134189593 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address 1709 State Route 560 S | | Amount of Each Disbursement this Period 2500.00 |
| City Urbana State OH Zip Code 43078 | Purpose of Disbursement 2006 General Candidate Name Jordan James Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 04 | |
| Category/Type | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. John D. Dingell for Congress Committee | | Transaction ID: 2137640609055292896 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address 607 14th Street Northwest Suite 800 | | Amount of Each Disbursement this Period 1500.00 |
| City Washington State DC Zip Code 20005 | Purpose of Disbursement 2006 General Candidate Name Dingell John Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15 | |
| Category/Type | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
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| SUBTOTAL of Disbursements This Page (optional) ▶ | 6500.00 |
| 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. Johnson for Congress Committee | | Transaction ID: 9088360609055207721 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 1986 | | Amount of Each Disbursement this Period 2000.00 |
| City New Britain State CT Zip Code 06050 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Johnson Nancy | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Full Name (Last, First, Middle Initial) B. Keller for Congress | | Transaction ID: 0432110609055203282 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 1453 | | Amount of Each Disbursement this Period 2000.00 |
| City Orlando State FL Zip Code 32802 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Keller Ric | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Full Name (Last, First, Middle Initial) C. Kind for Congress Committee | | Transaction ID: 3924170609055238346 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address 205 South 5th Avenue Suite 428 | | Amount of Each Disbursement this Period 2000.00 |
| City La Crosse State WI Zip Code 54601 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Kind Ron | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Kuhl for Congress | | Transaction ID: 6454580609194440846 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 |
| Mailing Address 10 Ganesvoort Street Suite 101 | | Amount of Each Disbursement this Period 2000.00 |
| City Bath State NY Zip Code 14810 | | |
| Purpose of Disbursement 2006 General | Category/ Type | |
| Candidate Name Kuhl John | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. McCrery for Congress Committee | | Transaction ID: 0336600609055223043 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address Post Office Box 52956 333 Texas Street Suite 1900 | | Amount of Each Disbursement this Period 2500.00 |
| City Shreveport State LA Zip Code 71135 | | |
| Purpose of Disbursement 2006 General | Category/ Type | |
| Candidate Name McCrery Jim | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Michaud for Congress | | Transaction ID: 8531510609055295786 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address 213 Lisbon Street | | Amount of Each Disbursement this Period 2000.00 |
| City Lewiston State ME Zip Code 04240 | | |
| Purpose of Disbursement 2006 General | Category/ Type | |
| Candidate Name Michaud Michael | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 6500.00 |
| 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)

PAGE 77 / 85

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

| | | |
|--|--|---|
| <p>A. Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee</p> <p>Mailing Address PO Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Ross Mike</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 0491000609055363619</p> <p>Date of Disbursement 09 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 2500.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) Nathan Deal for Congress</p> <p>Mailing Address PO Box 902</p> <p>City Gainesville State GA Zip Code 30503</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Deal Nathan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 9088420609134265700</p> <p>Date of Disbursement 09 / 13 / 2006</p> <p>Amount of Each Disbursement this Period 1500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) Pastor for Arizona</p> <p>Mailing Address PO Box 6554</p> <p>City Phoenix State AZ Zip Code 85005</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Pastor Ed</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 04</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 0499900609055361317</p> <p>Date of Disbursement 09 / 06 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. People for English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement
2006 General

Candidate Name
English Phil

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: PA District: 03

Transaction ID: 8885570609194434170

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pete Sessions for Congress 2006

Mailing Address Post Office Box 38585

City Dallas State TX Zip Code 75238

Purpose of Disbursement
2006 General

Candidate Name
Sessions Pete

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 32

Transaction ID: 4857110609055220024

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City Fremont State CA Zip Code 94537

Purpose of Disbursement
2006 General

Candidate Name
Stark Pete

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 13

Transaction ID: 0315110609055331970

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Peterson for Congress | | Transaction ID: 3205370609055290614 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006 |
| Mailing Address 26192 Floyd Lake Point Road | | Amount of Each Disbursement this Period 2000.00 |
| City Detroit Lakes State MN Zip Code 56501 | Purpose of Disbursement 2006 General Candidate Name Peterson Collin Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07 | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Porter for Congress | | Transaction ID: 8617970609055194364 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006 |
| Mailing Address PO Box 26087 | | Amount of Each Disbursement this Period 1000.00 |
| City Las Vegas State NV Zip Code 89126 | Purpose of Disbursement 2006 General Candidate Name Porter Jon Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Price for Congress Committee | | Transaction ID: 4705290609055283835 Date of Disbursement MM / DD / YYYY 09 / 06 / 2006 |
| Mailing Address PO Box 1986 | | Amount of Each Disbursement this Period 2500.00 |
| City Raleigh State NC Zip Code 27602 | Purpose of Disbursement 2006 General Candidate Name Price David Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04 | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 5500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Rangel for Congress

Mailing Address PO Box 5577
Manhattanville Station

City New York State NY Zip Code 10027

Purpose of Disbursement
2006 General

Candidate Name
Rangel Charles

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NY District: 15

Transaction ID: 1828190609055275443

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Red Rooster Leadership Pac

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 7900350609194454342

Date of Disbursement

09 / 19 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Re-Elect McGovern Committee

Mailing Address PO Box 60405

City Worcester State MA Zip Code 01606

Purpose of Disbursement
2006 General

Candidate Name
McGovern James

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MA District: 03

Transaction ID: 7726680609055307320

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Richard E Neal for Congress Committee | | Transaction ID: 3821010609055212821 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address 76 Magnolia Terrace | | Amount of Each Disbursement this Period 1500.00 |
| City Springfield State MA Zip Code 01108 | Purpose of Disbursement 2006 General Candidate Name Neal Richard Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: MA District: 02 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Roskam for Congress Committee | | Transaction ID: 6985220609055215246 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address 423 West Wesley Street | | Amount of Each Disbursement this Period 2500.00 |
| City Wheaton State IL Zip Code 60189 | Purpose of Disbursement 2006 General Candidate Name Roskam Peter Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: IL District: 06 | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Shelley Moore Capito for Congress | | Transaction ID: 7350120609055187340 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 11519 | | Amount of Each Disbursement this Period 3000.00 |
| City Charleston State WV Zip Code 25339 | Purpose of Disbursement 2006 General Candidate Name Capito Shelley Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: WV District: 02 | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Simmons for Congress | | Transaction ID: 5987750609055210310 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 268 Drawer 271 | | Amount of Each Disbursement this Period 3000.00 |
| City Stonington State CT Zip Code 06378 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Simmons Rob | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Smile Pac | | Transaction ID: 8484870609194471360 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6 |
| Mailing Address PO Box 2178 | | Amount of Each Disbursement this Period 1500.00 |
| City Evans State GA Zip Code 30809 | Category/ Type | |
| Purpose of Disbursement 2006 Contribution | | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Stabenow for Us Senate | | Transaction ID: 5102400609055225537 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 4945 | | Amount of Each Disbursement this Period 2500.00 |
| City East Lansing State MI Zip Code 48826 | Category/ Type | |
| Purpose of Disbursement 2006 General | | |
| Candidate Name Stabenow Deborah | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 83 / 85

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Sue Kelly for Congress | | Transaction ID: 8268590609134261780 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address PO Box 599 | | Amount of Each Disbursement this Period 2500.00 |
| City State Zip Code Katonah NY 10536 | Purpose of Disbursement 2006 General Candidate Name Kelly Sue Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Sweeney for Congress Inc | | Transaction ID: 3512190609134256810 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6 |
| Mailing Address Post Office Box 1465 | | Amount of Each Disbursement this Period 2500.00 |
| City State Zip Code Clifton Park NY 12065 | Purpose of Disbursement 2006 General Candidate Name Sweeney John Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Tammy Baldwin for Congress | | Transaction ID: 8681620609055242721 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 6 |
| Mailing Address PO Box 696 | | Amount of Each Disbursement this Period 2500.00 |
| City State Zip Code Madison WI 53701 | Purpose of Disbursement 2006 General Candidate Name Baldwin Tammy Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02 | | |
| Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|-------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 7500.00 |
| 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)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Texans for Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
2nd Floor Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement
2006 General

Candidate Name
Cuellar Henry

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 28

Transaction ID: 1299280609055251052

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Tom Allen for Congress Committee

Mailing Address PO Box 17766

City Portland State ME Zip Code 04112

Purpose of Disbursement
2006 General

Candidate Name
Allen Thomas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: ME District: 01

Transaction ID: 1475190609055298747

Date of Disbursement

09 / 06 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Trent Lott for Mississippi

Mailing Address PO Box 22824

City Jackson State MS Zip Code 39225

Purpose of Disbursement
2006 General

Candidate Name
Lott Trent

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: MS District: 00

Transaction ID: 6689830609276247170

Date of Disbursement

09 / 28 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 85 / 85

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Wally Herger for Congress Committee | | Transaction ID: 4096760609055217387 | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 1500 | | Date of Disbursement | | | | | | | | | | | | | | | | | | | | | |
| City Chico State CA Zip Code 95927 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | / | 0 | 6 | / | 2 | 0 | 0 | 6 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 0 | 9 | / | 0 | 6 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| Purpose of Disbursement 2006 General | | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name Herger Wally | | <table border="1"> <tr> <td colspan="2">1000.00</td> </tr> </table> | | 1000.00 | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Category/ Type | | | | | | | | | | | | | | | | | | | | | |
| State: CA District: 02 | | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|------------------|
| SUBTOTAL of Disbursements This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 150000.00 |