

655 BEACH STREET

SAN FRANCISCO CA 94109

FEC ID No. C00196246

24-Hour Notice 48-Hour Notice

SCHEDULE E (FEC Form 3X)

PAGE OF 1 / 1
FOR LINE 24 OF FORM 3X

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL CO-MMITTEE (OPHTHPAC)		FEC IDENTIFICATION NUMBER C C00196246	
Check if <input checked="" type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6	
Full Name (Last, First, Middle, Initial) of Payee Sandler Innocenzi		Amount 27510.00	
Mailing Address 705 Prince Street	City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Radio ads	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: <u>OK</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Sullivan John		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2006 <input type="checkbox"/> Other (specify) : _____	
		Transaction ID: SE.00000	

(a) SUBTOTAL of Itemized Independent Expenditures	27510.00
(b) SUBTOTAL of Unitemized Independent Expenditures	0.00
(c) TOTAL Independent Expenditures	27510.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Benjamin Bank
Signature

M M / D D / Y Y Y Y
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