

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2007 through 01 31 2007

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

Type or Print Name of Treasurer Benjamin Bank

Signature of Treasurer Electronically Filed by Benjamin Bank Date 02 16 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		683911.43
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	683911.43									
(c) Total Receipts (from Line 19)	37371.65	37371.65								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	721283.08	721283.08								
7. Total Disbursements (from Line 31)	1962.35	1962.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	719320.73	719320.73								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	30130.00	30130.00
(i) Itemized (use Schedule A)	7180.50	7180.50
(ii) Unitemized	37310.50	37310.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	37310.50	37310.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	61.15	61.15
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))	37371.65	37371.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	37371.65	37371.65

DETAILED SUMMARY PAGE

of Disbursements

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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.....	502.35	502.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	502.35	502.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1460.00	1460.00
(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))	1460.00	1460.00
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))..	1962.35	1962.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1962.35	1962.35

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)	37310.50	37310.50
34. Total Contribution Refunds (from Line 28(d))	1460.00	1460.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35850.50	35850.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	502.35	502.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	502.35	502.35

**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 / 31
	<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)
Thomas Allison

Mailing Address Suite 206
2700 10th Avenue S

City Birmingham State AL Zip Code 35205-1248

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2007

Transaction ID: B2N93E622333

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address 255 Rocky Creek Lane

City San Luis Obispo State CA Zip Code 93401-8029

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 02 / 2007

Transaction ID: 42MPXN425901

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address Uams Department Opth
4301 W Markham Slot 523

City Little Rock State AR Zip Code 72205

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
MM / DD / YYYY
01 / 29 / 2007

Transaction ID: DJK4TD752216

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 31
	<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)
Norman Blair

Mailing Address 1905 W Taylor Street

City State Zip Code
Chicago IL 60612-3731

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: B2N93E455426

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 215 Lilly Road Northeast

City State Zip Code
Olympia WA 98506-5030

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 7LY2KO646750

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Cynthia Ann Bradford

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
OUHSC Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 7

Transaction ID: DJK4TD259413

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 8 / 31
	<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 Brennan

Mailing Address 1214 Vaughn Road

City Burlington State NC Zip Code 27217-2863

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	9	/	2	0	0	7

Transaction ID: DJK4TD623966

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

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

Mailing Address Suite 403
2000 S Wheeling Avenue

City Tulsa State OK Zip Code 74104-5641

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	2	/	2	0	0	7

Transaction ID: 00150-64367312192917

Amount of Each Receipt this Period

250.00

PAC 3rd of 4

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

Mailing Address 1415 Elm Street

City Manchester State NH Zip Code 03101-1325

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	0	7

Transaction ID: B2N93E435497

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	865.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 31
	<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. Alexander Brucker		Date of Receipt MM / DD / YYYY 01 / 10 / 2007
Mailing Address 51 N 39th Street		Transaction ID: B2N93E743075
City Philadelphia	State PA	Zip Code 19104-2640
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Walter Bundy		Date of Receipt MM / DD / YYYY 01 / 29 / 2007
Mailing Address Virginia Eye Institute 400 Westhampton Station		Transaction ID: DJK4TD708712
City Richmond	State VA	Zip Code 23226
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Mark Cichowski		Date of Receipt MM / DD / YYYY 01 / 02 / 2007
Mailing Address PO Box 1227		Transaction ID: 7LY2KO238218
City Coupeville	State WA	Zip Code 98239-1227
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
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 ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Gary Cowan

Mailing Address Suite 3200
1350 S Main Street

City State Zip Code
Fort Worth TX 76104-7669

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 7

Transaction ID: B09OWT963248

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
J Burns Creighton

Mailing Address 11012 Mizelle Creek Trail

City State Zip Code
Lithia FL 33547-2383

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 42MPXN447212

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address Guild Med Center Suite 230
825 Washington Street

City State Zip Code
Norwood MA 02062

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 7

Transaction ID: 7J2B7W829818

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	750.00
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 / 31
	<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. Edgar Dapremont		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 7
Mailing Address PO Box 6545		Transaction ID: 13842-02532595396041
City State Zip Code Gulfport MS 39506-6545	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	PAC 4th of 4	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William Eads		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 7
Mailing Address 1230 Cumberland Falls Highway		Transaction ID: 0787444
City State Zip Code Corbin KY 40701-2717	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. John Ervin		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address Eye Center of Central Georgia 1429 Oglethorpe Street		Transaction ID: 7LY2KO470843
City State Zip Code Macon GA 31201	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 12 / 31
	<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)
Leonard Feiss

Mailing Address B. P. 142

City State Zip Code
Beaune Cedex 21204

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

Name of Employer Self Occupation
Self ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 7

Transaction ID: 7J2B7W285185

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address Suite 1540
5454 Wisconsin Avenue

City State Zip Code
Chevy Chase MD 20815-6954

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 42MPXN999131

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address PO Box 5000
43309 US Highway 19 North

City State Zip Code
Tarpon Springs FL 34688-5000

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 7

Transaction ID: 04365-00489443540573

Amount of Each Receipt this Period
250.00

PAC 4th of 4

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 13 / 31
	<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)
Dana Graichen

Mailing Address 56 Durrells Woods Road

City Arundel State ME Zip Code 04046-7503

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
01 / 24 / 2007

Transaction ID: 1PNEWK718166

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 503 Broadway

City Everett State MA Zip Code 02149-3603

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
01 / 10 / 2007

Transaction ID: B2N93E791585

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Erich Bryan Groos

Mailing Address Cornea Consultants of Nashville
2011 Murphy Avenue Suite 602

City Nashville State TN Zip Code 37203

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
01 / 28 / 2007

Transaction ID: 04365-05103701353073

Amount of Each Receipt this Period
250.00

PAC 4th of 4

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 31
	<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)
Frank Hannah

Mailing Address 1622 E. Marion St.

City State Zip Code
Shelby NC 28150

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 ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 7

Transaction ID: 24UJ5LJ55KJD3

Amount of Each Receipt this Period
2500.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 1508 Brook Avenue

City State Zip Code
Wichita Falls TX 76301-5604

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 3ZEZZ7663562

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address Suite 200
1201 W Main Street

City State Zip Code
Waterbury CT 06708-3105

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: B2N8VL814296

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	3250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 31
	<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 Hughes

Mailing Address Suite 600
50 Staniford Street

City Boston State MA Zip Code 02114-2539

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

Name of Employer Ophthalmic Consultants of Boston Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 7

Transaction ID: 04365-70985049009323

Amount of Each Receipt this Period
312.50

PAC 2nd of 4

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

Mailing Address Suite 210
3219 Clifton Avenue

City Cincinnati State OH Zip Code 45220-3041

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 3ZEZZ7269972

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 3501 E Carol Avenue

City Phoenix State AZ Zip Code 85028-4941

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 8 / 2 0 0 7

Transaction ID: 0192401

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1312.50
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 16 / 31
	<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) Morton Israel		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address Suite 1X 770 Magnolia Avenue		Transaction ID: 7LY2KO154189	
City State Zip Code Corona CA 92879-3122		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

B. Full Name (Last, First, Middle Initial) Steven Jackson		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address Suite 101 201 E 5900 S		Transaction ID: 7LY2KO135745	
City State Zip Code Salt Lake City UT 84107-5428		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Randolph Johnston		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address Cheyenne Eye Clinic 1300 E 20th Street		Transaction ID: DJK4TD703736	
City State Zip Code Cheyenne WY 82001		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	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 17 / 31
	<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. Daniel Krach		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address 2510 E Dupont Road Suite 128		Transaction ID: 42MPXN344054	
City State Zip Code Fort Wayne IN 46825-1675		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Mark Krawitz		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7	
Mailing Address the Eye Center 65 Mountain Boulevard Extension		Transaction ID: 7LY2Q1648780	
City State Zip Code Warren NJ 07059		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Daniel Laby		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7	
Mailing Address 1 Tamarack Way		Transaction ID: 7J2B7W664621	
City State Zip Code Sharon MA 02067-2343		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
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 / 31
	<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 Lanning

Mailing Address 220 Grandview Avenue

City State Zip Code
Camp Hill PA 17011-1706

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 42MPXN933847

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address 605 Inlet Road

City State Zip Code
North Palm Beach FL 33408

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

Name of Employer self Occupation
Self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 1PNEWK484507

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 14488 Hawthorn Drive

City State Zip Code
Lemont IL 60439-9126

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 3 / 2 0 0 7

Transaction ID: 7LY2Q1327268

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) David Lewis		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 5 / 2 0 0 7	
Mailing Address Suite GI-3 990 S Medical Drive		Transaction ID: 3ZEZZ7850582	
City State Zip Code Brigham City UT 84302-4713		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) ▼			

B. Full Name (Last, First, Middle Initial) William Lipsky		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address Advanced Laser Vision 11550 Fuqua Suite 250		Transaction ID: 7LY2KO529553	
City State Zip Code Houston TX 77034		Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist		Aggregate Year-to-Date ▼ 1500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Eric Paul Lohse		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7	
Mailing Address Springfield Eye Clinic 301 N 8th Street; Suite 2B201		Transaction ID: 7LY2KO627284	
City State Zip Code Springfield IL 62701-1041		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) ▶	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 20 / 31
	<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)
Jonathan Lowry

Mailing Address 335 E Parker Road

City State Zip Code
Morganton NC 28655-5112

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 ▼ 500.00

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

Transaction ID: B5LN8J945529

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 8635 W 3rd Street Suite 360W

City State Zip Code
Los Angeles CA 90048-6101

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 9 / 2 0 0 7

Transaction ID: 7J2B7W149354

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 7609 Arrowood Road

City State Zip Code
Bethesda MD 20817-2826

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 1PNEWK285929

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 31
	<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)
Alfred Marrone

Mailing Address Suite 451
3440 Lomita Boulevard

City Torrance State CA Zip Code 90505-4800

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 8 / 2 0 0 7

Transaction ID: EKW6IW332663

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address Suite 934
7777 Southwest Freeway

City Houston State TX Zip Code 77074-1813

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 7

Transaction ID: 2ZLACD900FZ37

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address Suite 1124
1221 Madison Street

City Seattle State WA Zip Code 98104-3536

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 3ZEZZ7981762

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 31
	<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)
Amalia Miranda

Mailing Address 3435 Northwest 56th Street
Building A # 1010

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
0 1 / 2 3 / 2 0 0 7

Transaction ID: B09OWT459684

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address 214 E Monterey Way Suite 1

City State Zip Code
Phoenix AZ 85012-2620

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 42MPXN381268

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
G Peyton Neatrou

Mailing Address 1201 First Colonial Road

City State Zip Code
Virginia Beach VA 23454-2273

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: B2N93E625335

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 23 / 31
	<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)
Carolyn Oesterle

Mailing Address 2015 N Main Street

City State Zip Code
Wheaton IL 60187-3152

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
MM / DD / YYYY
01 / 02 / 2007

Transaction ID: 7LY2KO169231

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite D
999 Adams Street

City State Zip Code
St. Helena CA 94574-1148

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
01 / 02 / 2007

Transaction ID: 7LY2KO465767

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address 2828 Highland Avenue

City State Zip Code
Cincinnati OH 45219-2312

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2007

Transaction ID: 3ZEZZ7599361

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 31
	<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)
Tedd Puckett

Mailing Address 1209 Valley View Street

City Radford State VA Zip Code

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
01 / 18 / 2007

Transaction ID: EKW6IW016935

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address 1209 Valley View Street

City Radford State VA Zip Code

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
01 / 31 / 2007

Transaction ID: HP1PJ8J59ZCKSB

Amount of Each Receipt this Period
250.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 3430 Bienville Boulevard

City Ocean Springs State MS Zip Code 39564-5732

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
01 / 10 / 2007

Transaction ID: B2N93E363800

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	750.00
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 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address Wilmer 233 Johns Hopkins Hosp
600 N Wolfe Street

City Baltimore State MD Zip Code 21287-0001

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

Name of Employer Johns Hopkins University Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 7

Transaction ID: 24UFTVR7YZ0A8

Amount of Each Receipt this Period
250.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address Eye Medical Clinic of Fresno Inc
1360 E Herndon Avenue #301

City Fresno State CA Zip Code 93720-3326

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 42MPXN148138

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address 700 West Kent

City Missoula State MT Zip Code 59801-6772

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 8 / 2 0 0 7

Transaction ID: 37495-06548708677291

Amount of Each Receipt this Period
250.00

PAC 3rd of 4

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 31
	<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. Ralph Sando		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7	
Mailing Address 104 Rose Lane		Transaction ID: 13842-35750979185104	
City State Zip Code Haverford PA 19041-1604	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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Delia Sang		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 73 Chatham Street		Transaction ID: 04365-55234926939011	
City State Zip Code Brookline MA 02446-5451	Amount of Each Receipt this Period 312.50		
FEC ID number of contributing federal political committee. C		PAC 2nd of 4	
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 ▼ 312.50		

Full Name (Last, First, Middle Initial) C. Denise Satterfield		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address 5301 F Street Suite 202		Transaction ID: B09OQY343286	
City State Zip Code Sacramento CA 95819-3221	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	812.50
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 27 / 31
	<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. Arthur Schwartz		Date of Receipt MM / DD / YYYY 01 / 04 / 2007
Mailing Address Suite 950 5454 Wisconsin Avenue		Transaction ID: B5LN8J304212
City Chevy Chase	State MD	Zip Code 20815-6912
FEC ID number of contributing federal political committee.	C	
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	
		Amount of Each Receipt this Period 365.00
Batch Tool - PAC		

Full Name (Last, First, Middle Initial) B. Richard Shugarman		Date of Receipt MM / DD / YYYY 01 / 19 / 2007
Mailing Address Apt. 1001 400 N Flagler Drive		Transaction ID: 04365-68838137388230
City West Palm Beach	State FL	Zip Code 33401-4302
FEC ID number of contributing federal political committee.	C	
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	
		Amount of Each Receipt this Period 250.00
PAC 2nd of 4		

Full Name (Last, First, Middle Initial) C. Joseph Sidikaro		Date of Receipt MM / DD / YYYY 01 / 09 / 2007
Mailing Address Suite 410 435 N Roxbury Drive		Transaction ID: 7J2B7W358456
City Beverly Hills	State CA	Zip Code 90210-5006
FEC ID number of contributing federal political committee.	C	
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	
		Amount of Each Receipt this Period 250.00
Batch Tool - PAC		

SUBTOTAL of Receipts This Page (optional)	▶	865.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 31
	<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)
Rand Spencer

Mailing Address 3612 Overbrook Drive

City State Zip Code
Dallas TX 75205-4327

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

Name of Employer self
Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: B5LN8J044767

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 3398 Legacy Drive

City State Zip Code
Poplar Bluff MO 63901-8661

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

Name of Employer self
Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 1 8 / 2 0 0 7

Transaction ID: 0361269

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 1710 South 70th Street
PO Box 6068

City State Zip Code
Lincoln NE 68506-1676

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

Name of Employer self
Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: 3ZEZ7446528

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 29 / 31
	<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. Lyle Thorstenson		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address PO Box 632020		Transaction ID: B1EHFP244310
City State Zip Code Nacogdoches TX 75963-2020	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. Paul Wagner		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 308 McHenry Street		Transaction ID: 3ZEZZ7587386
City State Zip Code Burlington WI 53105-2152	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. John Anderson Wells		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 7
Mailing Address Suite 101 2750 Laurel Street		Transaction ID: EMB2YR391974
City State Zip Code Columbia SC 29204-2023	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) ▶	1615.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 30 / 31	
	(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)
Paul Wiesner

Mailing Address Suite B
1800 E Pavilion Place

City State Zip Code
Montrose CO 81401-5499

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	2	/	2	0	0	7

Transaction ID: 7LY2KO414767

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	30130.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 31

<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 1/07

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 3521370702135826132

Date of Disbursement

/ /

Amount of Each Disbursement this Period

502.35

SUBTOTAL of Disbursements This Page (optional)

502.35

TOTAL This Period (last page this line number only)

502.35