26950279560

07/18/2006 18 : 32

FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name
AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

(b) Address (number and street) ☐ check if different than previously reported
655 Beach Street

(c) City, State and ZIP Code
San Francisco CA 94109

2. FEC Identification Number
C C00196245

(d) Name of Employer or Principal Place of Business (e) Occupation

3. Is This Statement [X] **New** or [ ] **Amended**

4. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y **(b) Communication Title** _____

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)? Yes ☐ No [X]

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account? Yes [X] No ☐

8. Custodian of Records

(a) Name
Steve Rausch

(b) Address (number and street)
655 Beach Street

(c) City, State and ZIP Code
San Francisco CA 94109

(d) Name of Employer or Principal Place of Business
American Academy of Ophthalmology

(e) Occupation
Accounting Manager

9. Total Donations This Statement .00

10. Total Disbursements/Obligations This Statement 15000.00

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Benjamin Bank

SIGNATURE _____ DATE 07/18/2006

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