

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 02 01 2006 through 02 28 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 03 24 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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	2

D	D
2	8

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	580945.47									
(c) Total Receipts (from Line 19)	17146.63	69578.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	598092.10	605444.64								
7. Total Disbursements (from Line 31)	52228.74	59581.28								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	545863.36	545863.36								
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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	2

D	D
2	8

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	13750.00	59175.00
(i) Itemized (use Schedule A)	3345.00	9792.50
(ii) Unitemized	17095.00	68967.50
(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)	17095.00	68967.50
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.)	51.63	610.64
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))	17146.63	69578.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17146.63	69578.14

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.....	728.74	1581.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	728.74	1581.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	51500.00	58000.00
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	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 Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
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))..	52228.74	59581.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	52228.74	59581.28

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)	17095.00	68967.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17095.00	68967.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	728.74	1581.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	728.74	1581.28

**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 / 28
	<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 Baker

Mailing Address 2355 Monroe Street

City State Zip Code
Dearborn MI 48124-3009

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
02 / 11 / 2006

Transaction ID: 3HNRVY2K2XK37

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 17560 US Highway 441

City State Zip Code
Mount Dora FL 32757-6711

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
02 / 23 / 2006

Transaction ID: 11564-34467715024948

Amount of Each Receipt this Period
125.00

PAC 4th of 4

C. Full Name (Last, First, Middle Initial)
Clifton Beasley

Mailing Address 1350 S Main Street
3200 Professional Building

City State Zip Code
Fort Worth TX 76104-7611

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
MM / DD / YYYY
02 / 28 / 2006

Transaction ID: 2M4BLG688921

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 7 / 28
	<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)
Craig Cassidy

Mailing Address 7465 E San Miguel Avenue

City State Zip Code
Scottsdale AZ 85250-6465

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
02 / 21 / 2006

Transaction ID: 11564-06461733579635

Amount of Each Receipt this Period
125.00

PAC 3rd of 4

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

Mailing Address 1350 S Main Street Suite 3200

City State Zip Code
Fort Worth TX 76104-7611

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
02 / 23 / 2006

Transaction ID: 2M43MB503536

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address 11 Madison Drive

City State Zip Code
Princeton Junction NJ 08550-3007

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
02 / 02 / 2006

Transaction ID: 3NE7U5IDNWK3

Amount of Each Receipt this Period
400.00

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	775.00
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 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Brian Flowers

Mailing Address 1201 Summit Avenue

City State Zip Code
Fort Worth TX 76102-4413

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
02 / 21 / 2006

Transaction ID: 2M4174734703

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 1800 Highway 95

City State Zip Code
Bullhead City AZ 86442-6803

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
02 / 23 / 2006

Transaction ID: 2M43VC223670

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 1350 S Main Street Suite 1600

City State Zip Code
Fort Worth TX 76104-7611

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
02 / 01 / 2006

Transaction ID: CJVDPJ137124

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 28
	<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. Erich Groos		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 2011 Murphy Avenue Suite 602 Cornea Consultants of Nashville		Transaction ID: 03941-47365969419479 Amount of Each Receipt this Period 250.00
City Nashville State TN Zip Code 37203-2023	PAC 4th of 4	
FEC ID number of contributing federal political committee. C		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Gary Hirshfield		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 0 6
Mailing Address 4231 Colden Street Suite 102		Transaction ID: 11564-54272097349167 Amount of Each Receipt this Period 125.00
City Flushing State NY Zip Code 11355-3977	PAC 4th of 4	
FEC ID number of contributing federal political committee. C		
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) C. Mark Hughes		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6
Mailing Address 50 Staniford Street Suite 600		Transaction ID: 11564-69929140806198 Amount of Each Receipt this Period 1250.00
City Boston State MA Zip Code 02114-2517	PAC 3rd of 4	
FEC ID number of contributing federal political committee. C		
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 ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1625.00
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 10 / 28
	<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 Johnson

Mailing Address 110 Med Tech Parkway
Johnson City Eye Clinic

City Johnson City State TN Zip Code 37604-4004

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
02 / 23 / 2006

Transaction ID: 11564-14461916685104

Amount of Each Receipt this Period
125.00

PAC 4th of 4

B. Full Name (Last, First, Middle Initial)
Jerry Lehmann

Mailing Address 3129 College Street
Eye Ctrs of Southeast Texas Llp

City Beaumont State TX Zip Code 77701-4660

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
MM / DD / YYYY
02 / 07 / 2006

Transaction ID: 3KWUCX037387

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 456 W 10th Avenue

City Columbus State OH Zip Code 43210-1240

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
MM / DD / YYYY
02 / 01 / 2006

Transaction ID: CJVDPJ061184

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 11 / 28
	<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)
Peter McCanna

Mailing Address 1025 Regent Street

City Madison State WI Zip Code 53715-1248

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 ▼ 365.00

Date of Receipt
02 / 07 / 2006

Transaction ID: 3KWUCX253273

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 1380 Lusitana Street Suite 708
Queen's Physicians Office Building

City Honolulu State HI Zip Code 96813-2443

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
02 / 15 / 2006

Transaction ID: 2M3T18214737

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Terri-Diann Pickering

Mailing Address 55 Stevenson Street

City San Francisco State CA Zip Code 94105-2936

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
02 / 28 / 2006

Transaction ID: 2M4BLG232528

Amount of Each Receipt this Period
100.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	965.00
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 / 28
	<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)
Peter Polack

Mailing Address 1500 Southeast Magnolia Extension
Suite 106

City Ocala State FL Zip Code 34471-4463

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
02 / 09 / 2006

Transaction ID: 03941-26026552915573

Amount of Each Receipt this Period
125.00

PAC 4th of 4

B. Full Name (Last, First, Middle Initial)
John Reifschneider

Mailing Address 1001 6th Avenue Suite 100
Reifschneider Eye Center and Optic

City Leavenworth State KS Zip Code 66048-3248

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
02 / 07 / 2006

Transaction ID: 03941-23083132505417

Amount of Each Receipt this Period
125.00

PAC 3rd of 4

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

Mailing Address 1015 Ridge Road
Ocusight Eye Care Center

City Webster State NY Zip Code 14580-2907

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
02 / 21 / 2006

Transaction ID: 2M4174478092

Amount of Each Receipt this Period
500.00

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 13 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Ralph Sando Mailing Address 104 Rose Lane City Haverford State PA Zip Code 19041-1604 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 6 Transaction ID: 11564-46952456235886 Amount of Each Receipt this Period 250.00 PAC 4th of 4
Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Delia Sang Mailing Address 73 Chatham Street City Brookline State MA Zip Code 02446-5451 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6 Transaction ID: 11564-39696902036667 Amount of Each Receipt this Period 1250.00 PAC 3rd of 4
Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		

C. Full Name (Last, First, Middle Initial) John Saunders Mailing Address 1517 Nicholasville Road Suite 101 City Lexington State KY Zip Code 40503-1429 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6 Transaction ID: 3KWSZE878547 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		

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 14 / 28
	<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)
Christianne Schoedel

Mailing Address 360 Saint Charles Way

City State Zip Code
York PA 17402-4647

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

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

Transaction ID: 03941-66157168149948

Amount of Each Receipt this Period
625.00

PAC 2nd of 4

B. Full Name (Last, First, Middle Initial)
Jerome Swale

Mailing Address 264 Fox Trail Drive

City State Zip Code
Bourbonnais IL 60914-1735

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 2 / 0 9 / 2 0 0 6

Transaction ID: 03941-73646181821823

Amount of Each Receipt this Period
250.00

PAC 4th of 4

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

Mailing Address 21 Park Place

City State Zip Code
Appleton WI 54914-8872

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 2 / 2 4 / 2 0 0 6

Transaction ID: 2M44TD351886

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1375.00
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 / 28
	<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) George Tanaka		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 2211 Post Street Suite 401		Transaction ID: CJVDPJ523366	
City State Zip Code San Francisco CA 94115-3464		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Lyle Thorstenson		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address PO Box 632020		Transaction ID: 1O7ZSZ152827	
City State Zip Code Nacogdoches TX 75963-2020		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Robert Trent		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 3190 Churn Creek Road		Transaction ID: 2M44TD622104	
City State Zip Code Redding CA 96002-2122		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3000.00
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 16 / 28
	(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)

Full Name (Last, First, Middle Initial) A. Peter Van Houten		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 6
Mailing Address 2501A Stantonsburg Road East Carolina Retina Consultants		Transaction ID: 11564-29513186216354 Amount of Each Receipt this Period 250.00
City Greenville State NC Zip Code 27834-7213	PAC 4th of 4	
FEC ID number of contributing federal political committee. C		
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Michael Vrabec		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 21 Park Place Valley Eye Associates		Transaction ID: 03941-95914858579636 Amount of Each Receipt this Period 250.00
City Appleton State WI Zip Code 54914-8872	PAC 4th of 4	
FEC ID number of contributing federal political committee. C		
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	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	13750.00

**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 17 / 28

<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 2/06

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 2235150603165164552

Date of Disbursement

/ /

Amount of Each Disbursement this Period

728.74

SUBTOTAL of Disbursements This Page (optional)

728.74

TOTAL This Period (last page this line number only)

728.74

**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 18 / 28

<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 Lot of People Who Support Jeff Bingaman

Mailing Address PO Box 16210

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
2006 Primary

Candidate Name
Bingaman Jeff

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NM District: 00

Transaction ID: 0647340602095058112

Date of Disbursement

02 / 09 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bilirakis for Congress

Mailing Address 610 S Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement
2006 Primary

Candidate Name
Bilirakis Gus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: FL District: 09

Transaction ID: 4361470602245262270

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Congressional Majority Committee

Mailing Address PO Box 746

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 3784190602245750765

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

5000.00

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)

PAGE 19 / 28

<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)

A. Full Name (Last, First, Middle Initial) Fred Morgan for Congress		Transaction ID: 2449970602095043340 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address PO Box 14510		Amount of Each Disbursement this Period 5000.00
City Oklahoma City State OK Zip Code 73113	Purpose of Disbursement 2006 Primary Candidate Name Morgan Fred Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Friends of Craig Thomas		Transaction ID: 6267500602245724010 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 2780 Olive Drive		Amount of Each Disbursement this Period 1000.00
City Cheyenne State WY Zip Code 82001	Purpose of Disbursement 2006 Primary Candidate Name Thomas Craig Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Friends of Dave Weldon		Transaction ID: 5496880602245275347 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address PO Box 968		Amount of Each Disbursement this Period 1500.00
City Melbourne State FL Zip Code 32902	Purpose of Disbursement 2006 Primary Candidate Name Weldon Dave Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input 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) ▶	_____

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 20 / 28

<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 Mark Foley		Transaction ID: 6543320602094948382 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 1316 Lake Victoria Drive		Amount of Each Disbursement this Period 1000.00
City Lake Worth State FL Zip Code 33461	Purpose of Disbursement 2006 Primary Candidate Name Foley Mark Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: FL District: 16		

Full Name (Last, First, Middle Initial) B. Friends of Max Baucus		Transaction ID: 1278230602245670180 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address PO Box 586		Amount of Each Disbursement this Period 2500.00
City Helena State MT Zip Code 59624	Purpose of Disbursement 2008 Primary Candidate Name Baucus Max Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MT District: 00		

Full Name (Last, First, Middle Initial) C. Friends of Patrick J Kennedy Inc		Transaction ID: 1123290602245592968 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address PO Box 321		Amount of Each Disbursement this Period 1000.00
City Pawtucket State RI Zip Code 02862	Purpose of Disbursement 2006 Primary Candidate Name Kennedy Patrick Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: RI District: 01		

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 21 / 28

<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 Roy Blunt		Transaction ID: 4838960602245561747 Date of Disbursement 02 / 24 / 2006	
Mailing Address PO Box 50100		Amount of Each Disbursement this Period 2500.00	
City Springfield	State MO		Zip Code 65805
Purpose of Disbursement 2006 Primary			Category/ Type
Candidate Name Blunt Roy			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MO District: 07			

Full Name (Last, First, Middle Initial) B. Gingrey for Congress		Transaction ID: 2951970602245293652 Date of Disbursement 02 / 24 / 2006	
Mailing Address PO Box U		Amount of Each Disbursement this Period 1000.00	
City Marietta	State GA		Zip Code 30060
Purpose of Disbursement 2006 Primary			Category/ Type
Candidate Name Gingrey John			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: GA District: 11			

Full Name (Last, First, Middle Initial) C. Gutierrez for Congress		Transaction ID: 8239790602165520646 Date of Disbursement 02 / 16 / 2006	
Mailing Address 2846 North River Walk Drive		Amount of Each Disbursement this Period 1000.00	
City Chicago	State IL		Zip Code 60618
Purpose of Disbursement 2006 Primary			Category/ Type
Candidate Name Gutierrez Luis			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 04			

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 22 / 28

<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. Hastert for Congress Committee		Transaction ID: 5458590602245736419 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address PO Box 625		Amount of Each Disbursement this Period 5000.00
City Batavia State IL Zip Code 60510	Purpose of Disbursement 2006 General Candidate Name Hastert J. 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: 14	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) B. Hoosiers Supporting Buyer for Congress		Transaction ID: 3458310602245394499 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address 200 North Main St. PO Box 712		Amount of Each Disbursement this Period 1000.00
City Monticello State IN Zip Code 47960	Purpose of Disbursement 2006 General Candidate Name Buyer Stephen 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: IN District: 04	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) C. Hulshof for Congress - District 09 Missouri		Transaction ID: 2360140602095009066 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address PO Box 1621		Amount of Each Disbursement this Period 500.00
City Columbia State MO Zip Code 65205	Purpose of Disbursement 2006 Primary Candidate Name Hulshof Kenny Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 09	
Category/Type		
Category/Type		

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 23 / 28

<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) Hulshof for Congress - District 09 Missouri</p>		<p>Transaction ID: 8520360602095012800 Date of Disbursement</p>
<p>Mailing Address PO Box 1621</p>		<p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>City Columbia State MO Zip Code 65205</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p>	
<p>Purpose of Disbursement 2006 General</p>	<p><input type="text"/></p>	
<p>Candidate Name Hulshof Kenny</p>	<p>Category/Type</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: MO District: 09</p>		

<p>B. Full Name (Last, First, Middle Initial) Jerry Weller for Congress Inc.</p>		<p>Transaction ID: 5749530602245345650 Date of Disbursement</p>
<p>Mailing Address PO Box 2368</p>		<p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>City Joliet State IL Zip Code 60434</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></p>	
<p>Purpose of Disbursement 2006 Primary</p>	<p><input type="text"/></p>	
<p>Candidate Name Weller Gerald</p>	<p>Category/Type</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: IL District: 11</p>		

<p>C. Full Name (Last, First, Middle Initial) Joe Wilson for Congress Committee</p>		<p>Transaction ID: 1494450602245624963 Date of Disbursement</p>
<p>Mailing Address Post Office Box 2145</p>		<p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>City West Columbia State SC Zip Code 29171</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>	
<p>Purpose of Disbursement 2006 Primary</p>	<p><input type="text"/></p>	
<p>Candidate Name Wilson Addison</p>	<p>Category/Type</p>	
<p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: SC District: 02</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="5000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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)

PAGE 24 / 28

<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. Johnson for Congress Committee</p> <p>Full Name (Last, First, Middle Initial) Johnson for Congress Committee</p> <p>Mailing Address PO Box 1986</p> <p>City New Britain State CT Zip Code 06050</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Johnson Nancy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT 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: 5089460603234525697</p> <p>Date of Disbursement MM / DD / YYYY 02 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Johnson for Congress Committee</p> <p>Full Name (Last, First, Middle Initial) Johnson for Congress Committee</p> <p>Mailing Address PO Box 1986</p> <p>City New Britain State CT Zip Code 06050</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Johnson Nancy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 1139570602245206047</p> <p>Date of Disbursement MM / DD / YYYY 02 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Kay Bailey Hutchison for Senate Committee</p> <p>Full Name (Last, First, Middle Initial) Kay Bailey Hutchison for Senate Committee</p> <p>Mailing Address PO Box 9190 800 Brazos Suite 1200</p> <p>City Dallas State TX Zip Code 75209</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Hutchison Kay</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 3000590602095065249</p> <p>Date of Disbursement MM / DD / YYYY 02 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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 25 / 28

<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)

A. Full Name (Last, First, Middle Initial) Lee Terry for Congress		Transaction ID: 1255620602245569520 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address PO Box 540098		Amount of Each Disbursement this Period 2000.00
City Omaha State NE Zip Code 68154	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Terry Lee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Lincoln Davis for Congress		Transaction ID: 2243180602245641091 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address PO Box 350		Amount of Each Disbursement this Period 1000.00
City Jamestown State TN Zip Code 38556	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Davis Lincoln		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Nathan Deal for Congress		Transaction ID: 5434880602245284369 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6
Mailing Address PO Box 902		Amount of Each Disbursement this Period 2500.00
City Gainesville State GA Zip Code 30503	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Deal Nathan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input 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)

PAGE 26 / 28

<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. Neugebauer Congressional Committee</p> <p>Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee</p> <p>Mailing Address PO Box 54175</p> <p>City Lubbock State TX Zip Code 79453</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Neugebauer Randy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 8084840602245653022</p> <p>Date of Disbursement MM / DD / YYYY 02 / 24 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
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<p>B. Schwarz for Congress</p> <p>Full Name (Last, First, Middle Initial) Schwarz for Congress</p> <p>Mailing Address Post Office Box 2063</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Schwarz John</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 9948630602094998399</p> <p>Date of Disbursement MM / DD / YYYY 02 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
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<p>C. Sue Myrick for Congress</p> <p>Full Name (Last, First, Middle Initial) Sue Myrick for Congress</p> <p>Mailing Address PO Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Myrick Sue</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 2225800602095020690</p> <p>Date of Disbursement MM / DD / YYYY 02 / 09 / 2006</p> <p>Amount of Each Disbursement this Period 500.00</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>2500.00</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)

PAGE 27 / 28

<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 Lamar Smith

Mailing Address 5170 Broadway Suite 18

City San Antonio State TX Zip Code 78209

Purpose of Disbursement
2006 Primary

Candidate Name
Smith Lamar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: TX District: 21

Transaction ID: 1472070602165529041

Date of Disbursement

02 / 16 / 2006

Amount of Each Disbursement this Period

1000.00

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 Primary

Candidate Name
Allen Thomas

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: ME District: 01

Transaction ID: 7138930602245544746

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Voice for Freedom

Mailing Address 2451 Cumberland Parkway Suite 3264

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
2006 Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 1830700602245770244

Date of Disbursement

02 / 24 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

51500.00

Image# 26940012588

Form/Schedule: **F3XA**

This amended report includes a redesignation of a disbursement for Nancy Johnson, R-CT-5.

Transaction ID:
