

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 06 01 2006 through 06 30 2006

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

Type or Print Name of Treasurer Benjamin Bank

Signature of Treasurer Electronically Filed by Benjamin Bank Date 07 20 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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		535866.50
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	442131.97									
(c) Total Receipts (from Line 19)	18406.66	198837.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	460538.63	734703.64								
7. Total Disbursements (from Line 31)	49900.45	324065.46								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	410638.18	410638.18								
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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	17435.00	179687.50
(i) Itemized (use Schedule A)	916.25	18263.75
(ii) Unitemized	18351.25	197951.25
(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)	18351.25	197951.25
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.)	55.41	885.89
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))	18406.66	198837.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18406.66	198837.14

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.....	400.45	4700.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	400.45	4700.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49500.00	299000.00
24. Independent Expenditure (use Schedule E)	0.00	20000.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	365.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	365.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	49900.45	324065.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	49900.45	324065.46

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)	18351.25	197951.25
34. Total Contribution Refunds (from Line 28(d))	0.00	365.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18351.25	197586.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	400.45	4700.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	400.45	4700.46

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 / 30
	<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)
Phil Aitken

Mailing Address 56 Deforest Heights

City Burlington State VT Zip Code 05401-4001

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
06 / 19 / 2006

Transaction ID: A8KRIC6172Q31

Amount of Each Receipt this Period
250.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Abdhisv Bhavsar

Mailing Address 20 N Deep Lake Road

City North Oaks State MN Zip Code 55127-6506

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
06 / 06 / 2006

Transaction ID: 3Q1MOA715344

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 178 Hartford Road
Fichman Eye Center

City Manchester State CT Zip Code 06040-5986

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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2006

Transaction ID: 3Q1NX2864569

Amount of Each Receipt this Period
200.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	950.00
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 / 30
	<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. Carlos Buznego		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 8940 N Kendall Drive Suite 400E		Transaction ID: 51654-76214236021042
City State Zip Code Miami FL 33176-2175	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C	PAC 3rd of 4	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thomas Byrd		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 3677 Fort Street		Transaction ID: AEIYU69IL2Q38
City State Zip Code Lincoln Park MI 48146-4116	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	PACWEB GENERATED CONTRIBUTION	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard Carlton		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 732 Main Street		Transaction ID: 3Q1MLQ441238
City State Zip Code Manchester CT 06040-5106	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) ▶	1490.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 30
	<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 Chang		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 762 Altos Oaks Drive Suite 1		Transaction ID: 3Q2LIF195352	
City State Zip Code Los Altos CA 94024-5435	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) ▼			

B. Full Name (Last, First, Middle Initial) Joseph Chappell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 610 Brunson Drive		Transaction ID: CMDM85831561	
City State Zip Code Tupelo MS 38801-4947	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C	Batch Tool - PAC		
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Marion Coats		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6	
Mailing Address 1219 S East Avenue Suite 210		Transaction ID: 3Q2LQC136418	
City State Zip Code Sarasota FL 34239-2355	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) ▶	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 9 / 30
	<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)
Anna Di Lorenzo

Mailing Address 2877 Crooks Rd. Suite B

City Troy State MI Zip Code 48084-4717

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
06 / 19 / 2006

Transaction ID: 3Q2814272234

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Pravin Dugel

Mailing Address PO Box 32530

City Phoenix State AZ Zip Code 85064-2530

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2006

Transaction ID: 3Q211L445923

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address PO Box 3970 Retina Consultants

City Charleston State WV Zip Code 25339-3970

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
06 / 08 / 2006

Transaction ID: 3Q1P8V621124

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
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 / 30
	<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. William Ehlers		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 125 Secret Lake Road		Transaction ID: 51654-33968752622604
City Avon State CT Zip Code 06001-3465	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	PAC 3rd of 4	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Martin Fishman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 431 Monterey Avenue Suite 3		Transaction ID: 3Q2J66483797
City Los Gatos State CA Zip Code 95030-5319	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C	PAC 4th of 4	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Raul Franceschi		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 29 Calle Washington Suite 707		Transaction ID: 51654-28333681821823
City San Juan State PR Zip Code 00907-1503	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	PAC 3rd of 4	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	625.00
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 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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 ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2006

Transaction ID: 3Q1P8V133723

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 12301 Northeast 10th Place Suite 2

City State Zip Code
Bellevue WA 98005-2487

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2006

Transaction ID: 51654-03232973814010

Amount of Each Receipt this Period
250.00

PAC 4th of 4

C. Full Name (Last, First, Middle Initial)
Michael Green

Mailing Address 854 Lone Oak Drive

City State Zip Code
Gallatin TN 37066-3694

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2006

Transaction ID: 51654-84786623716355

Amount of Each Receipt this Period
125.00

PAC 3rd of 4

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John Hagan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 9401 N Oak Trafficway Suite 200 Discover Vision Ctrs		Transaction ID: 3Q2J66002777
City State Zip Code Kansas City MO 64155-3393	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Irvin Handelman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 2525 Northwest Lovejoy Street Suit		Transaction ID: 3Q2J66321146
City State Zip Code Portland OR 97210-2864	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. R. Hatfield		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address PO Box 3970		Transaction ID: 3Q1MOA965271
City State Zip Code Charleston WV 25339-3970	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) ▶	2000.00
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 / 30
	<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)
David Hunt

Mailing Address 331 Laidley Street Suite 301

City State Zip Code
Charleston WV 25301-1605

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
06 / 06 / 2006

Transaction ID: 3Q1MOA577801

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address Retina Consultants Pc
43 Woodland Street/Gothic Park

City State Zip Code
Hartford CT 06105

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
06 / 19 / 2006

Transaction ID: 3Q27HX908785

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Eric Lichtenstein

Mailing Address 19213 Union Turnpike

City State Zip Code
Fresh Meadows NY 11366-1865

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
06 / 08 / 2006

Transaction ID: B98XCUKRO1Q3

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

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 14 / 30
	<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)
Daniel Long

Mailing Address 120 Meadowcrest Street Suite 330

City Gretna State LA Zip Code 70056-5249

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
06 / 12 / 2006

Transaction ID: 3Q1WIZ789679

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Gerald Loushin

Mailing Address 8642 Upland Lane N

City Maple Grove State MN Zip Code 55311-1561

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
06 / 29 / 2006

Transaction ID: 1D3Q2LZ5QNYIEA

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Raj Maturi

Mailing Address 201 Pennsylvania Parkway
Midwest Eye Institute

City Indianapolis State IN Zip Code 46280-2301

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 29 / 2006

Transaction ID: AEJ1STMQL2Q30

Amount of Each Receipt this Period
1000.00

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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 / 30
	<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)
Corey Notis

Mailing Address 900 Stuyvesant Avenue

City State Zip Code
Union NJ 07083-6936

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2006

Transaction ID: AEIYQB7EL2Q3Q

Amount of Each Receipt this Period
1000.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 608 Stanton L Young Boulevard
Dean A McGee Eye Inst

City State Zip Code
Oklahoma City OK 73104-5014

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2006

Transaction ID: 51654-34011477231979

Amount of Each Receipt this Period
250.00

PAC 4th of 4

C. Full Name (Last, First, Middle Initial)
Michael Power

Mailing Address 1232 N 30th Street
Ophthalmic Assoc of Billings

City State Zip Code
Billings MT 59101-0139

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 ▼ 2000.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2006

Transaction ID: 3Q1QJ7787757

Amount of Each Receipt this Period
2000.00

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 16 / 30
	<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. Lawrence Ronning		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 6046 Whipple Avenue Northwest		Transaction ID: 3Q1XWF247515	
City State Zip Code North Canton OH 44720-7616	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	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. David Shulman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6	
Mailing Address 999 E Basse Road Suite 127		Transaction ID: 51654-84778994321823	
City State Zip Code San Antonio TX 78209-1802	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	PAC 3rd of 4		
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ira Udell		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6	
Mailing Address 600 Northern Boulevard Suite 214		Transaction ID: 3Q22CM038343	
City State Zip Code Great Neck NY 11021-5200	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C	PAC 3rd of 4		
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 375.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Varley		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6		
Mailing Address 1741 Woodvale Drive		Transaction ID: 3Q1MOA312084		
City State Zip Code Charleston WV 25314-2544	Amount of Each Receipt this Period 500.00		Batch Tool - PAC	
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. Aaron Weingeist		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6		
Mailing Address 3934 S Americus Street		Transaction ID: 51654-12693423032760		
City State Zip Code Seattle WA 98118-1640	Amount of Each Receipt this Period 125.00		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 ▼ 375.00			

Full Name (Last, First, Middle Initial) C. Ruth Williams		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6		
Mailing Address 2015 N Main Street Wheaton Eye Clinic		Transaction ID: 3Q2CCB486136		
City State Zip Code Wheaton IL 60187-3152	Amount of Each Receipt this Period 330.00		Batch Tool - PAC	
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 ▼ 1000.00			

SUBTOTAL of Receipts This Page (optional) ▶	955.00
TOTAL This Period (last page this line number only) ▶	17435.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 30	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

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

Mailing Address 400 California Street

City State Zip Code
San Francisco CA 94104

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
335.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	6	

Transaction ID: 3979560607194917290

Amount of Each Receipt this Period
55.41

MM interest 6/06

SUBTOTAL of Receipts This Page (optional)	▶	55.41
TOTAL This Period (last page this line number only)	▶	55.41

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 / 30

<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 6/06

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 2154740607194919673

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

400.45

SUBTOTAL of Disbursements This Page (optional)

400.45

TOTAL This Period (last page this line number only)

400.45

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<p>A. Baker for Congress Committee</p> <p>Full Name (Last, First, Middle Initial) Baker for Congress Committee</p> <p>Mailing Address Post Office Box 1694</p> <p>City Baton Rouge State LA Zip Code 70821</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Baker Richard</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 06</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 9947100606155395662</p> <p>Date of Disbursement 06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
---	--	---

<p>B. Bass Victory Committee</p> <p>Full Name (Last, First, Middle Initial) Bass Victory Committee</p> <p>Mailing Address PO Box 3451</p> <p>City Concord State NH Zip Code 03302</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Bass Charles</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 4989840606155403944</p> <p>Date of Disbursement 06 / 15 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
---	--	---

<p>C. Chafee for Senate</p> <p>Full Name (Last, First, Middle Initial) Chafee for Senate</p> <p>Mailing Address PO Box 7329</p> <p>City Warwick State RI Zip Code 02887</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Chafee Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI 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: 2358560606083619684</p> <p>Date of Disbursement 06 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 2500.00</p>
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<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>4500.00</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 21 / 30

<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. Charlie Dent for Congress		Transaction ID: 8478510606083635179 Date of Disbursement 06 / 08 / 2006
Mailing Address PO Box 442		Amount of Each Disbursement this Period 500.00
City Allentown	State PA	
Zip Code 18105		
Purpose of Disbursement 2006 General		
Candidate Name Dent Charles		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 15		

Full Name (Last, First, Middle Initial) B. Charlie Melancon Campaign Committee Inc		Transaction ID: 2088970606155384479 Date of Disbursement 06 / 15 / 2006
Mailing Address 511 Congress Street PO Box 549		Amount of Each Disbursement this Period 500.00
City Napoleonville	State LA	
Zip Code 70390		
Purpose of Disbursement 2006 Primary		
Candidate Name Melancon Charlie		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: LA District: 03		

Full Name (Last, First, Middle Initial) C. Chocola for Congress Inc		Transaction ID: 9102480606053786573 Date of Disbursement 06 / 05 / 2006
Mailing Address PO Box 6728		Amount of Each Disbursement this Period 1000.00
City South Bend	State IN	
Zip Code 46660		
Purpose of Disbursement 2006 General		
Candidate Name Chocola Chris		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶	2000.00
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 / 30

<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. Christopher Shays for Congress Committee		Transaction ID: 7790070606295069400 Date of Disbursement 06 / 29 / 2006
Mailing Address 98 East Avenue Rear Building		Amount of Each Disbursement this Period 5000.00
City Norwalk State CT Zip Code 06851	Purpose of Disbursement 2006 General Candidate Name Shays Christopher 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: CT District: 04	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) B. Congressman Joe Barton Committee, the		Transaction ID: 5436250606053795485 Date of Disbursement 06 / 05 / 2006
Mailing Address PO Box 1444		Amount of Each Disbursement this Period 5000.00
City Ennis State TX Zip Code 75120	Purpose of Disbursement 2006 General Candidate Name Barton Joe 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: TX District: 06	
Category/Type		
Category/Type		

Full Name (Last, First, Middle Initial) C. Friends of Clay Shaw		Transaction ID: 8897450606295041596 Date of Disbursement 06 / 29 / 2006
Mailing Address PO Box 2188 2600 NE 14Th. Street Causeway		Amount of Each Disbursement this Period 1000.00
City Fort Lauderdale State FL Zip Code 33303	Purpose of Disbursement 2006 Primary Candidate Name Shaw E. 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: 22	
Category/Type		
Category/Type		

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
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 / 30

<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. Friends of Dave Weldon</p> <p>Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 968</p> <p>City Melbourne State FL Zip Code 32902</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Weldon Dave</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 1267470606295076811</p> <p>Date of Disbursement 06 / 29 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Friends of John Tanner</p> <p>Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement 2006 Primary</p> <p>Candidate Name Tanner John</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 0903020606083606576</p> <p>Date of Disbursement 06 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Friends of Roger Wicker</p> <p>Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 874</p> <p>City Tupelo State MS Zip Code 38802</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Wicker Roger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 7414020606083628563</p> <p>Date of Disbursement 06 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends of Sam Johnson		Transaction ID: 0810900606295089617 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 1611 Avenue K		Amount of Each Disbursement this Period 1000.00
City Plano State TX Zip Code 75074	Purpose of Disbursement 2006 General Candidate Name Johnson Sam Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Hawkeye Pac, the		Transaction ID: 4165960606155425649 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50309	Purpose of Disbursement 2006 Contribution Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Heller for Congress		Transaction ID: 6012780606083586540 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address PO Box 750580		Amount of Each Disbursement this Period 2500.00
City Las Vegas State NV Zip Code 89136	Purpose of Disbursement 2006 Primary Candidate Name Heller Dean Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Jo Bonner for Congress Committee		Transaction ID: 1207790606295055570 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address PO Box 851232		Amount of Each Disbursement this Period 1000.00
City Mobile State AL Zip Code 36685	Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Bonner Josiah		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) John Lewis for Congress		Transaction ID: 7748760606053744687 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 2015 Wallace Road		Amount of Each Disbursement this Period 2000.00
City Atlanta State GA Zip Code 30331	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Lewis John		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Jon Kyl for U S Senate		Transaction ID: 0037230606295096457 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address PO Box 10246		Amount of Each Disbursement this Period 1500.00
City Phoenix State AZ Zip Code 85064	Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Kyl Jon		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	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)

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

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

Full Name (Last, First, Middle Initial) A. Matheson for Congress		Transaction ID: 8725660606053804644 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement 2006 General	
Candidate Name Matheson Jim		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Nadler for Congress		Transaction ID: 0489400606295048828 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address Village Station PO Box 40		Amount of Each Disbursement this Period 1000.00
City New York State NY Zip Code 10014	Purpose of Disbursement 2006 Primary	
Candidate Name Nadler Jerrold		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. National Republican Senatorial Committee		Transaction ID: 5493360606153268825 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 425 Second Street Northeast		Amount of Each Disbursement this Period -5000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement void contribution orig rpt'd in 3/06	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	-3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. National Republican Senatorial Committee		Transaction ID: 7205890606155434700 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 425 Second Street Northeast		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20002	Purpose of Disbursement 2006 Contribution	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Rangel for Congress		Transaction ID: 8978480606083594679 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address PO Box 5577 Manhattanville Station		Amount of Each Disbursement this Period 2500.00
City New York State NY Zip Code 10027	Purpose of Disbursement 2006 Primary	
Candidate Name Rangel Charles		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rogers for Congress		Transaction ID: 2481590606053755412 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address Post Office Box 581		Amount of Each Disbursement this Period 1000.00
City Brighton State MI Zip Code 48116	Purpose of Disbursement 2006 Primary	
Candidate Name Rogers Mike		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	13500.00
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

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(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Shelley Moore Capito for Congress		Transaction ID: 6535000606053814841 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address PO Box 11519		Amount of Each Disbursement this Period 1000.00
City Charleston State WV Zip Code 25339	Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Capito Shelley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Snyder for Congress Campaign Committee		Transaction ID: 8325570606223747923 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address PO Box 250998		Amount of Each Disbursement this Period -5000.00
City Little Rock State AR Zip Code 72225	Category/ Type	
Purpose of Disbursement void contribution orig rpt'd in 4/06		
Candidate Name Snyder Vic		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Uncashed Contribution

Full Name (Last, First, Middle Initial) C. Snyder for Congress Campaign Committee		Transaction ID: 2652130606295062114 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address PO Box 250998		Amount of Each Disbursement this Period 5000.00
City Little Rock State AR Zip Code 72225	Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Snyder Vic		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Tom Allen for Congress Committee		Transaction ID: 1542560606083575439 Date of Disbursement 06 / 08 / 2006
Mailing Address PO Box 17766		Amount of Each Disbursement this Period 500.00
City Portland	State ME	
Zip Code 04112		
Purpose of Disbursement 2006 Primary		
Candidate Name Allen Thomas		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: ME District: 01		

Full Name (Last, First, Middle Initial) B. Voice for Freedom		Transaction ID: 2355340606295109183 Date of Disbursement 06 / 29 / 2006
Mailing Address 2451 Cumberland Parkway Suite 3264		Amount of Each Disbursement this Period 2500.00
City Atlanta	State GA	
Zip Code 30339		
Purpose of Disbursement 2006 Contribution		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Volunteers for Shimkus		Transaction ID: 2243650606155412718 Date of Disbursement 06 / 15 / 2006
Mailing Address PO Box 5458		Amount of Each Disbursement this Period 1000.00
City Springfield	State IL	
Zip Code 62705		
Purpose of Disbursement 2006 General		
Candidate Name Shimkus John		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 19		

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Whitfield for Congress Committee

Mailing Address PO Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement
2006 General

Candidate Name
Whitfield Edward

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: KY District: 01

Transaction ID: 1218220606295083935

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Woolsey for Congress

Mailing Address PO Box 750176

City Petaluma State CA Zip Code 94975

Purpose of Disbursement
2006 Primary

Candidate Name
Woolsey Lynn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 06

Transaction ID: 8049220606053779010

Date of Disbursement

06 / 05 / 2006

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

49500.00