

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 11 01 2007 through 11 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Benjamin Bank
Signature of Treasurer Electronically Filed by Benjamin Bank Date 05 27 2008

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		683911.43
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	797098.46									
(c) Total Receipts (from Line 19)	97461.07	597409.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	894559.53	1281320.48								
7. Total Disbursements (from Line 31)	45190.02	431950.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	849369.51	849369.51								
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
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	86237.50	507024.00
(i) Itemized (use Schedule A)	8527.50	73309.75
(ii) Unitemized	94765.00	580333.75
(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)	94765.00	580333.75
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.)	2696.07	17075.30
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))	97461.07	597409.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	97461.07	597409.05

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.....	2340.02	11532.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2340.02	11532.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	40500.00	413852.31
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	2350.00	6566.25
(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))	2350.00	6566.25
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))..	45190.02	431950.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45190.02	431950.97

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	94765.00	580333.75
34. Total Contribution Refunds (from Line 28(d))	2350.00	6566.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	92415.00	573767.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2340.02	11532.41
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2340.02	11532.41

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 87
	<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) Arthur Allen		Date of Receipt
	Mailing Address Pacific Eye Assoc 2100 Webster Suite 214		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 6 / 2 0 0 7
	City	State	Zip Code
	San Francisco	CA	94115
	FEC ID number of contributing federal political committee.		Transaction ID: 3LLPY786678
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	<input type="text"/>	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	365.00	

B.	Full Name (Last, First, Middle Initial) Manek Anklesaria		Date of Receipt
	Mailing Address 2325 S Harvard Avenue Suite 307		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
	City	State	Zip Code
	Tulsa	OK	74114-3307
	FEC ID number of contributing federal political committee.		Transaction ID: 7CLPN6614874
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	<input type="text"/>	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	500.00	

C.	Full Name (Last, First, Middle Initial) William Atlee		Date of Receipt
	Mailing Address 227 Eastern Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 9 / 2 0 0 7
	City	State	Zip Code
	Augusta	ME	04330-5951
	FEC ID number of contributing federal political committee.		Transaction ID: 7CLPN6593568
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	<input type="text"/>	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>	1365.00
TOTAL This Period (last page this line number only)	<input type="text"/>	

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

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

FOR LINE NUMBER: PAGE 7 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Sterling Baker

Mailing Address Suite 101
14000 N Portland Avenue

City State Zip Code
Oklahoma City OK 73134-4004

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
11 / 20 / 2007

Transaction ID: 74MM4O472699

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Tracy Baltz

Mailing Address 2900 N Fillmore Street

City State Zip Code
Little Rock AR 72207-2813

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
11 / 08 / 2007

Transaction ID: 0836412

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Roger Alfred Barth

Mailing Address 160 Heritage Way

City State Zip Code
Kalispell MT 59901-3161

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
11 / 19 / 2007

Transaction ID: 3O1QKY251055

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 87
	<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) Robert Behar		Date of Receipt MM / DD / YYYY 11 / 01 / 2007
	Mailing Address 2610 E Allegheny Avenue		Transaction ID: 4ed58eb0970ae6ed08b6
	City Philadelphia	State PA	Zip Code 19134-5104
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.25
	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	

B.	Full Name (Last, First, Middle Initial) John Belardo		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 11308 N Pennsylvania Avenue		Transaction ID: 3LLQ2A384484
	City Oklahoma City	State OK	Zip Code 73120-7752
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Stanley Berke		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address Floor 3 Attn: MS Cicero 360 Merrick Road		Transaction ID: DGL74W233868
	City Lynbrook	State NY	Zip Code 11563-2500
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	956.25
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Timothy Bonner		Date of Receipt MM / DD / YYYY 11 / 02 / 2007
Mailing Address John L Bonner Eye Clinic 1542 Golf Course Road Suite 201		Transaction ID: DGL738651172
City Grand Rapids	State MN	Zip Code 55744
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.

Full Name (Last, First, Middle Initial) Daniel Koffler Bregman		Date of Receipt MM / DD / YYYY 11 / 07 / 2007
Mailing Address 342 22nd Ave N		Transaction ID: 40352CD7-E5EB-409E-
City Nashville	State TN	Zip Code 37203-1844
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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 ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) M Todd Brown		Date of Receipt MM / DD / YYYY 11 / 07 / 2007
Mailing Address Gaston Eye Assoc 2325 Aberdeen Boulevard Suite A		Transaction ID: 789911E9-48BE-4476-
City Gastonia	State NC	Zip Code 28054-0614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Thomas Byrd

Mailing Address 4265 Cherry Hill Drive East

City Orchard Lake State MI Zip Code 48323

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
11 / 29 / 2007

Transaction ID: 92DD9319-3D9F-4E57-

Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Kenneth Cahill

Mailing Address Suite 430
262 Neil Avenue

City Columbus State OH Zip Code 43215-7312

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
11 / 14 / 2007

Transaction ID: 79ZSF7475565

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Eugenio Candal

Mailing Address 77 Marion St
Apt 207

City Brookline State MA Zip Code 02446-4779

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 ▼ 300.00

Date of Receipt MM / DD / YYYY
11 / 06 / 2007

Transaction ID: A45DD80B-8198-48EF-

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) 1800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Louis Cantor

Mailing Address Department of Ophthalmology
702 Rotary Circle

City Indianapolis State IN Zip Code 46202-5175

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 11 / 08 / 2007
Transaction ID: 0786480
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

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

Mailing Address 3975 Lawrenceville Highway Northwe

City Lilburn State GA Zip Code 30047-2817

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 11 / 08 / 2007
Transaction ID: 0165741
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Denise Chamblee

Mailing Address 11800 Rock Landing Drive

City Newport News State VA Zip Code 23606-4206

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 11 / 08 / 2007
Transaction ID: 0932531
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1365.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Joseph Chappell		Date of Receipt
	Mailing Address 610 Brunson Drive		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Tupelo	MS	38801-4947
	FEC ID number of contributing federal political committee. C		Transaction ID: 0934373
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="365.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) James Chodosh		Date of Receipt
	Mailing Address Dean McGee Eye Institute - Ouhsc 608 Stanton L Young Boulevard		<input type="text" value="11"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Oklahoma City	OK	73104
	FEC ID number of contributing federal political committee. C		Transaction ID: DGL738261854
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="365.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Ravi Chundru		Date of Receipt
	Mailing Address Suite 101 845 FM 1960 Rd. W		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Houston	TX	77090-3943
	FEC ID number of contributing federal political committee. C		Transaction ID: 3O1QKY168522
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="365.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1095.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 13 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Clark Cobble

Mailing Address 734 Main Street

City State Zip Code
Danville VA 24541-1819

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
11 / 02 / 2007

Transaction ID: DGL738566232

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Joel Confino

Mailing Address Eye Care and Surgery Center
592 Springfield Avenue

City State Zip Code
Westfield NJ 07090

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
11 / 14 / 2007

Transaction ID: 79ZSF7429653

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
David Locke Cooke

Mailing Address 4842 W Chapin Lane

City State Zip Code
Berrien Springs MI 49103-9631

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
11 / 13 / 2007

Transaction ID: 3O1QML347492

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **980.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 87
	<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) George Cooper		Date of Receipt MM / DD / YYYY 11 / 22 / 2007
Mailing Address Suite 101A 2139 Valleygate Drive		Transaction ID: fbd8e2ba2c308b4f6fe
City Fayetteville	State NC	Zip Code 28304-3666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
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 ▼ 375.00	

B.

Full Name (Last, First, Middle Initial) Curtis Cornelius		Date of Receipt MM / DD / YYYY 11 / 01 / 2007
Mailing Address 26 Calle Del Sol		Transaction ID: 6ac63f7814a4c7f2d4d
City Placitas	State NM	Zip Code 87043-9209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Michael Daun		Date of Receipt MM / DD / YYYY 11 / 21 / 2007
Mailing Address Suite 330 2055 Reading Road		Transaction ID: 77A3SD657546
City Cincinnati	State OH	Zip Code 45202-1439
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 87
	<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	

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) Terry Dawson	Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address Suite 430 1890 Al Highway 157	Transaction ID: 3O1QKY227186
	City Cullman State AL Zip Code 35058-0689	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 Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Kevin Denny	Date of Receipt MM / DD / YYYY 11 / 15 / 2007
	Mailing Address 2201 Webster Street	Transaction ID: 79ZSW5915935
	City San Francisco State CA Zip Code 94115-1820	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 Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Hardeep Dhindsa	Date of Receipt MM / DD / YYYY 11 / 11 / 2007
	Mailing Address 1102 Happy Valley Court	Transaction ID: EFF02G762373
	City Reno State NV Zip Code 89511-1048	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 Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1230.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 16 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Christopher Dickens

Mailing Address Suite 103
491 30th Street

City State Zip Code
Oakland CA 94609-3235

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
11 / 20 / 2007

Transaction ID: 74MM4O184948

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Louise Doyle

Mailing Address 2020 Kenny Road

City State Zip Code
Columbus OH 43221-3502

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
11 / 19 / 2007

Transaction ID: 3O1QKY143812

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Daniel Drysdale

Mailing Address 3645 S Main Street

City State Zip Code
Blacksburg VA 24060-7018

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
11 / 20 / 2007

Transaction ID: 74MM4O377567

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Thomas Duncan		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
Mailing Address E Texas Eye Assoc 1306 Frank Avenue		Transaction ID: 3LLPXY236283
City Lufkin	State TX	Zip Code 75904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) Shehab Ebrahim		Date of Receipt MM / DD / YYYY 11 / 15 / 2007
Mailing Address 4717 Woodland Avenue		Transaction ID: c8fcac2374d269b186a
City Metairie	State LA	Zip Code 70002-1361
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Robert Malcolm Edwards		Date of Receipt MM / DD / YYYY 11 / 20 / 2007
Mailing Address 1240 Colonial Commons		Transaction ID: 74MM4O743005
City Lancaster	State SC	Zip Code 29720-2200
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Timothy Ehlen

Mailing Address 2805 Campus Drive Suite 105

City Plymouth State MN Zip Code 55441-2677

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 11 / 08 / 2007

Transaction ID: 0207561

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

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

Mailing Address 1260 Silas Deane Highway

City Wethersfield State CT Zip Code 06109-4362

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 11 / 20 / 2007

Transaction ID: 74MM4O800714

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

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

Mailing Address 4745 Yarmouth Ave

City Encino State CA Zip Code 91316-3729

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 11 / 07 / 2007

Transaction ID: A619FDF2-0E11-4C02-

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► 1365.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 87

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

James Fleming

Mailing Address Suite 100
930 Madison Avenue

City State Zip Code
Memphis TN 38103-7409

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: DGL738231387

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Peter Forgach

Mailing Address 405 International Drive

City State Zip Code
Williamsville NY 14221-5725

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: 301QKY922865

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Brian Francis

Mailing Address Suite 4804
1450 San Pablo Street

City State Zip Code
Los Angeles CA 90033-4500

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
1 1 / 0 9 / 2 0 0 7

Transaction ID: 7CLPN6713532

Amount of Each Receipt this Period

500.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Samuel Friedel		Date of Receipt MM / DD / YYYY 11 / 28 / 2007
Mailing Address 827 Linden Avenue		Transaction ID: E7F11X404680
City Baltimore	State MD	Zip Code 21201-4606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.

Full Name (Last, First, Middle Initial) Mark Fritz		Date of Receipt MM / DD / YYYY 11 / 20 / 2007
Mailing Address 212 N Larkin Avenue		Transaction ID: 74MM4O692796
City Joliet	State IL	Zip Code 60435-6604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Edgar Gamponia		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
Mailing Address 1 Physician's Plaza Suite 282		Transaction ID: 3LLPX568021
City Fairmont	State WV	Zip Code 26554-1470
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	1230.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 21 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1995 W Nasa Boulevard

City State Zip Code
Melbourne FL 32904-2300

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
1 1 / 2 6 / 2 0 0 7

Transaction ID: 3LLPXY686314

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 1501 Hawthorne Street

City State Zip Code
Alexandria MN 56308-2512

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 0347954

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Andrew Gillies

Mailing Address 1 Lyons Street

City State Zip Code
Dedham MA 02026-5599

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
1 1 / 2 0 / 2 0 0 7

Transaction ID: 77A3I6326178

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 87
	<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) Sanjay Goel	Date of Receipt MM / DD / YYYY 11 / 21 / 2007
	Mailing Address 5824 Wild Orange Gate	Transaction ID: 77A3SD739473
	City State Zip Code Columbia MD 21029-1656	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) Stacia Goldey	Date of Receipt MM / DD / YYYY 11 / 18 / 2007
	Mailing Address 17560 US Highway 441	Transaction ID: 1637653443a94596974
	City State Zip Code Mount Dora FL 32757-6711	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Roy Goodart	Date of Receipt MM / DD / YYYY 11 / 14 / 2007
	Mailing Address Suite 200 4400 S 700 E	Transaction ID: 79ZSF7308451
	City State Zip Code Salt Lake City UT 84107-3053	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)	▶	2125.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 87
	<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) Bruce Gordon		Date of Receipt
	Mailing Address 170 Maple Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	White Plains	NY	10601-4710
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	Name of Employer self		Occupation
self		Ophthalmologist	Transaction ID: 77A3I6692273
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	<input type="text"/> 365.00
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 365.00	Batch Tool - PAC

B.	Full Name (Last, First, Middle Initial) Edward Graul		Date of Receipt
	Mailing Address 251 Moosa Boulevard		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Eunice	LA	70535-3638
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	Name of Employer self		Occupation
self		Ophthalmologist	Transaction ID: 36b777a8c723b1fada1
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	<input type="text"/> 91.25
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 273.75	

C.	Full Name (Last, First, Middle Initial) Daniel Greenberg		Date of Receipt
	Mailing Address Suite 256E 800 Austin Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Evanston	IL	60202-3477
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
	Name of Employer self		Occupation
self		Ophthalmologist	Transaction ID: DGL74W877581
Receipt For:		Aggregate Year-to-Date	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/>	<input type="text"/> 365.00
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 365.00	Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 821.25
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 24 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Christopher Greer

Mailing Address Cooper Clinic
PO Box 3528

City Fort Smith State AR Zip Code 72913-3528

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 ▼ 375.00

Date of Receipt 11 / 18 / 2007
Transaction ID: 6038046469ebdbf9818
Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Steven Grosser

Mailing Address Suite 215
5851 Duluth Street

City Golden Valley State MN Zip Code 55422-3956

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 ▼ 300.00

Date of Receipt 11 / 04 / 2007
Transaction ID: FDAC7559-9551-442B-
Amount of Each Receipt this Period 300.00

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

Mailing Address PO Box 2539
3747 Sunset Lane

City Antioch State CA Zip Code 94531-2539

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 11 / 28 / 2007
Transaction ID: E7F11X057075
Amount of Each Receipt this Period 365.00
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Anthony Grosso

Mailing Address 4101 Brookside Court

City State Zip Code
Orwigsburg PA 17961-9308

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
11 / 02 / 2007

Transaction ID: DGL738532835

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Kurt W Guelzow

Mailing Address Vistar Eye Center
PO Box 1789

City State Zip Code
Roanoke VA 24008-1789

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
11 / 26 / 2007

Transaction ID: 3LLQ2A872455

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Donald Hall

Mailing Address Steen-Hall Eye Inst
2611 Greenwood Road

City State Zip Code
Shreveport LA 71103-3907

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
11 / 20 / 2007

Transaction ID: 74MM4O583805

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 87
	<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) Robert Harbin		Date of Receipt MM / DD / YYYY 11 / 20 / 2007
	Mailing Address Harbin Clinic Eye Center 1825 Martha Berry Boulevard		Transaction ID: 74MM4O824706
	City Rome	State GA	Zip Code 30165-1698
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) M Harmon		Date of Receipt MM / DD / YYYY 11 / 20 / 2007
	Mailing Address Levacy and Harmon Eye Center 3345 Plaza Ten Dr. Suite B		Transaction ID: 74MM4O415091
	City Beaumont	State TX	Zip Code 77707
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) David Harris		Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address Suite 324 1928 Alcoa Highway		Transaction ID: DGL74W492186
	City Knoxville	State TN	Zip Code 37920-1505
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	▶	1230.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 87
	<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	

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) H King Hartman		Date of Receipt MM / DD / YYYY 11 / 02 / 2007
	Mailing Address 516 Pellis Road		Transaction ID: F1A8226C-A5F7-43DC-
	City Greensburg	State PA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 865.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Paul Harton		Date of Receipt MM / DD / YYYY 11 / 10 / 2007
	Mailing Address Harbin Clinic Eye Center 1825 Martha Berry Boulevard		Transaction ID: 4917a7f86c30c6c906bd
	City Rome	State GA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	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) ▼			

C.	Full Name (Last, First, Middle Initial) Christopher Hauptert		Date of Receipt MM / DD / YYYY 11 / 18 / 2007
	Mailing Address Iowa Retina Consultants 1501 50th Street Suite 133		Transaction ID: 590d6fe040559a3166c
	City West Des Moines	State IA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.25
	Name of Employer self Occupation Ophthalmologist		Aggregate Year-to-Date ▼ 273.75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	581.25
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jean Hausheer

Mailing Address 4322 N Hickory Lane

City State Zip Code
Kansas City MO 64116-1664

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
11 / 20 / 2007

Transaction ID: 74MM4O250523

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Richard Hawkins

Mailing Address 1729 New Hanover Medical Park Driv

City State Zip Code
Wilmington NC 28403-5345

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
11 / 01 / 2007

Transaction ID: 7229ca9508796e73708

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Sarah Hays

Mailing Address 250 State Farm Parkway

City State Zip Code
Birmingham AL 35209-7181

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 ▼ 1500.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2007

Transaction ID: 0474728

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Bernhard Heersink

Mailing Address Suite 1
21 Highland Avenue

City State Zip Code
Newburyport MA 01950-3873

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 ▼ 550.00

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

Transaction ID: DGL738469586

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Bonnie A Henderson

Mailing Address 102 Pegan Ln

City State Zip Code
Dover MA 02030-2048

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: D4B13922-8AD2-45E9-

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Gary Hirshfield

Mailing Address Suite 102
4231 Colden Street

City State Zip Code
Flushing NY 11355-3981

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 ▼ 1500.00

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

Transaction ID: 3O1QKY886173

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Paul Hiss		Date of Receipt
	Mailing Address 2285 Green Vista Drive		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Sparks	NV	89431-1071
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: 4a8694e37459768bec17
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) K Frederick Ho		Date of Receipt
	Mailing Address 8040 N Wickham Road		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Melbourne	FL	32940-8298
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: 79ZSF7605592
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="365.00"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="365.00"/>

Batch Tool - PAC

C.	Full Name (Last, First, Middle Initial) Richard Hopp		Date of Receipt
	Mailing Address Suite 101 3999 Englewood Avenue		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Yakima	WA	98902-6341
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: E7F10D336099
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="365.00"/>	Amount of Each Receipt this Period
<input type="checkbox"/> Other (specify) ▼			<input type="text" value="365.00"/>

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="980.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mark Hornfeld

Mailing Address 125 W 79th Street

City State Zip Code
New York NY 10024-6454

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
11 / 20 / 2007

Transaction ID: 77A3I6484423

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Ana Huaman

Mailing Address 7916 William Moyers Avenue Northea

City State Zip Code
Albuquerque NM 87122-2739

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
11 / 26 / 2007

Transaction ID: 3LLQ6J838011

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Ivan Jacobs

Mailing Address 10 Mountain Blvd

City State Zip Code
Warren NJ 07059-2639

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
11 / 05 / 2007

Transaction ID: DGL74W372860

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert Jaffee

Mailing Address 1 Rykowski Lane

City Middletown State NY Zip Code 10941-4019

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 11 / 02 / 2007

Transaction ID: DGL738285003

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Gary Jamell

Mailing Address Suite 120
3601 S Clarkson Street

City Englewood State CO Zip Code 80113-3945

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 ▼ 273.75

Date of Receipt 11 / 21 / 2007

Transaction ID: ad477642f0ed2e72277

Amount of Each Receipt this Period 91.25

C.

Full Name (Last, First, Middle Initial)
David Johnson

Mailing Address Suite 210
8101 E Lowry Boulevard

City Denver State CO Zip Code 80230-7195

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 ▼ 1250.00

Date of Receipt 11 / 21 / 2007

Transaction ID: 77A3SD846755

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶ **591.25**

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

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

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

FOR LINE NUMBER: PAGE 33 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Johnson City Eye Clinic
110 Med Tech Parkway

City Johnson City State TN Zip Code 37604-2256

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 11 / 15 / 2007
Transaction ID: f679aa67705408a7a18
Amount of Each Receipt this Period 125.00

B. Full Name (Last, First, Middle Initial)
Leonard Alan Johnson

Mailing Address Sierra Eye Assoc
950 Ryland Street

City Reno State NV Zip Code 89502

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 ▼ 375.00

Date of Receipt 11 / 18 / 2007
Transaction ID: 74f83120cb57317826b
Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Murray Johnstone

Mailing Address Suite 1124
1221 Madison Street

City Seattle State WA Zip Code 98104-3536

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 08 / 2007
Transaction ID: 0753618
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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Rebecca Jones

Mailing Address 1424 East Front Street

City Tyler State TX Zip Code 75702-8501

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 11 / 20 / 2007
Transaction ID: 74MM4O722429
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Aarchan Joshi

Mailing Address 520 N Prospect Street Suite 206

City Redondo Beach State CA Zip Code 90277-3042

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 11 / 19 / 2007
Transaction ID: 3O1QKY465512
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Lawrence Kahn

Mailing Address 5881 E Sapphire Ln

City Paradise Valley State AZ Zip Code 85253-2203

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 11 / 07 / 2007
Transaction ID: fa74beacc37f3e6023c
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1365.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jeffrey Kaplan

Mailing Address 4699 Main Street Suite 106

City State Zip Code
Bridgeport CT 06606-1830

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
11 / 14 / 2007

Transaction ID: 79ZSF7544572

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Lorne Kapner

Mailing Address North County Eye Center
225 E 2nd Avenue Suite 310

City State Zip Code
Escondido CA 92025-4244

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
11 / 21 / 2007

Transaction ID: 77A3SD842838

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Kenneth Kato

Mailing Address 2020 Fleischmann Road

City State Zip Code
Tallahassee FL 32308-4599

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
11 / 20 / 2007

Transaction ID: 77A3I6105343

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1230.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Kennedy
Mailing Address 1675 Providence Avenue
City Schenectady State NY Zip Code 12309-3919
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 11 / 08 / 2007
Transaction ID: 0013473
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Paul Keown
Mailing Address 309 West 37th Street
City Vancouver State WA Zip Code 98660-1945
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 11 / 19 / 2007
Transaction ID: 301QKY566063
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Natalie Kerr
Mailing Address Suite 470
930 Madison Avenue
City Memphis State TN Zip Code 38103-7400
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 11 / 12 / 2007
Transaction ID: 3LLPX855775
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1230.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 37 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Dennis Khoury
Mailing Address 8118 Bustleton Avenue
City Philadelphia State PA Zip Code 19152-2803
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 11 / 28 / 2007
Transaction ID: E7F11X522181
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
William Kilpatrick
Mailing Address 7550 E 2nd Street
City Scottsdale State AZ Zip Code 85251-4504
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 ▼ 865.00
Date of Receipt 11 / 02 / 2007
Transaction ID: DGL738419960
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Nicholas Kokoris
Mailing Address 7749 South Painter Avenue
City Whittier State CA Zip Code 90602-2411
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 11 / 01 / 2007
Transaction ID: 2ULDID138822
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 87
	<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	

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) Carol Kolinsky	Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 1015 S Lincoln Road	Transaction ID: 3LLQ6J424687
	City State Zip Code Escanaba MI 49829-2100	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	
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) Stephen Kondash	Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address Suite 300 2841 Boudinot Avenue	Transaction ID: 3O1QKY124807
	City State Zip Code Cincinnati OH 45238-2496	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Karanjit Kooner	Date of Receipt MM / DD / YYYY 11 / 08 / 2007
	Mailing Address 5323 Harry Hines Boulevard	Transaction ID: 0864866
	City State Zip Code Dallas TX 75390-7208	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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Marvin Kraushar

Mailing Address 509 East Broad Street

City State Zip Code
Westfield NJ 07090-2115

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
11 / 15 / 2007

Transaction ID: 79ZSW5668387

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Kristine Kunesh-Part

Mailing Address 2601 Far Hills Avenue

City State Zip Code
Dayton OH 45419-1634

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
11 / 14 / 2007

Transaction ID: 79ZSF7170212

Amount of Each Receipt this Period
200.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Paul Langer

Mailing Address 6th Floor Doc
90 Bergen Street

City State Zip Code
Newark NJ 07103-2425

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 ▼
350.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 79ZSF7631677

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **815.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 87
	<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) Jeffrey Lanier		Date of Receipt
	Mailing Address Houston Eye Assoc Building 2855 Gramercy at Brompton		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 0 4 / 2 0 0 7
	City	State	Zip Code
	Houston	TX	77025
	FEC ID number of contributing federal political committee.		Transaction ID: 46b8b92b17b96e135915
	Amount of Each Receipt this Period		<input type="text"/> 125.00
Name of Employer self		Occupation	
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Wayne Larrison		Date of Receipt
	Mailing Address Court Retina Consultants Llc 46 Prince St. Suite 402-A		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7
	City	State	Zip Code
	New Haven	CT	06519
	FEC ID number of contributing federal political committee.		Transaction ID: 77A3I6212961
	Amount of Each Receipt this Period		<input type="text"/> 300.00
Name of Employer self		Occupation	
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 300.00	
<input type="checkbox"/> Other (specify) ▼			

Batch Tool - PAC

C.	Full Name (Last, First, Middle Initial) Mitchel Lautenberg		Date of Receipt
	Mailing Address Ocean Eye Institute 601 Route 37 W		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7
	City	State	Zip Code
	Toms River	NJ	08755
	FEC ID number of contributing federal political committee.		Transaction ID: E7F11X154924
	Amount of Each Receipt this Period		<input type="text"/> 500.00
Name of Employer self		Occupation	
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 925.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 87		
	<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) Adrian Lavina		Date of Receipt
	Mailing Address Suite 220 3399 Pga Boulevard		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 9 / 2 0 0 7
	City	State	Zip Code
	Palm Beach Gardens	FL	33410-2804
	FEC ID number of contributing federal political committee.		Transaction ID: 3O1QKY890468
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	1500.00	

B.	Full Name (Last, First, Middle Initial) Jerry Lehmann		Date of Receipt
	Mailing Address 3129 College Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 4 / 2 0 0 7
	City	State	Zip Code
	Beaumont	TX	77701-4660
	FEC ID number of contributing federal political committee.		Transaction ID: 79ZSF7369343
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	250.00	

C.	Full Name (Last, First, Middle Initial) Leah Levi		Date of Receipt
	Mailing Address Ucsd Department of Ophth Shiley Eye Center 0946		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 2 / 2 0 0 7
	City	State	Zip Code
	La Jolla	CA	92093-0946
	FEC ID number of contributing federal political committee.		Transaction ID: 3LLPX521149
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/>	365.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>	1615.00
TOTAL This Period (last page this line number only)	<input type="text"/>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 87
	<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) Monique Leys		Date of Receipt MM / DD / YYYY 11 / 18 / 2007
	Mailing Address West Virginia University Eye Insti PO Box 9193		Transaction ID: a33984da30cc18f433d
	City Morgantown	State WV	Zip Code 26506
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.25
	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 ▼ 273.75	

B.	Full Name (Last, First, Middle Initial) Jeffrey Todd Liegner		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address Eye Care Northwest 350 Sparta Avenue Building A		Transaction ID: 3LLPXY666823
	City Sparta	State NJ	Zip Code 07871
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Kim Lindenmuth		Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 45 South Park Boulevard Suite 375		Transaction ID: E7F11X135205
	City Glen Ellyn	State IL	Zip Code 60137-6291
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1341.25
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mark Lindsay

Mailing Address 2725 E 29th Street

City State Zip Code
Bryan TX 77802-2504

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 ▼ 275.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2007

Transaction ID: 74MM4O477237

Amount of Each Receipt this Period
25.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Richard Lindstrom

Mailing Address Suite 200
9801 Dupont Avenue S

City State Zip Code
Bloomington MN 55431-3200

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
11 / 20 / 2007

Transaction ID: 74MM4O195724

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Peter Lou

Mailing Address Suite 106
10 Hawthorne Place

City State Zip Code
Boston MA 02114-2336

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 ▼ 273.75

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: 78bd4adf518f54c3fa9

Amount of Each Receipt this Period
91.25

SUBTOTAL of Receipts This Page (optional) ► **1116.25**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 87
(check only one)

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

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

A.

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

Mailing Address 8642 Upland Lane N

City State Zip Code
Maple Grove MN 55311-1561

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
11 / 02 / 2007

Transaction ID: DGL738587322

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Bryant Lum

Mailing Address Suite A
3088 Telegraph Road

City State Zip Code
Ventura CA 93003-3235

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
11 / 18 / 2007

Transaction ID: 65011a666eaf5041c00

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Matthew Paul Madion

Mailing Address 929 Business Park Drive

City State Zip Code
Traverse City MI 49686-8683

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
11 / 19 / 2007

Transaction ID: 301QKY841785

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Louis Maisel		Date of Receipt MM / DD / YYYY 11 / 09 / 2007
Mailing Address Suite 102 20 Squadron Boulevard		Transaction ID: 7CLPN6571101
City New City	State NY	Zip Code 10956-5232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.

Full Name (Last, First, Middle Initial) Barry Maltzman		Date of Receipt MM / DD / YYYY 11 / 20 / 2007
Mailing Address Sixth Floor 600 Pavonia Avenue		Transaction ID: 77A3I6153777
City Jersey City	State NJ	Zip Code 07306-2932
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Richard Margolies		Date of Receipt MM / DD / YYYY 11 / 18 / 2007
Mailing Address Suite 205 3355 Burns Road		Transaction ID: a59af834a278b10c78f
City Palm Beach Gardens	State FL	Zip Code 33410-4356
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 87
	<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) William Marks		Date of Receipt
	Mailing Address Suite 102 125 Oakside Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 2 / 2 0 0 7
	City	State	Zip Code
	Canton	GA	30114-2498
	FEC ID number of contributing federal political committee.		Transaction ID: 6E5VCF465892
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General		▼	
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 500.00	
			Batch Tool - PAC

B.	Full Name (Last, First, Middle Initial) Benjamin Martin		Date of Receipt
	Mailing Address 4120 Del Prado Boulevard		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 5 / 2 0 0 7
	City	State	Zip Code
	Cape Coral	FL	33904-7165
	FEC ID number of contributing federal political committee.		Transaction ID: DGL74W349583
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General		▼	
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 730.00	
			Batch Tool - PAC

C.	Full Name (Last, First, Middle Initial) Elias Mavrofrides		Date of Receipt
	Mailing Address 1025 Primera Boulevard		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 6 / 2 0 0 7
	City	State	Zip Code
	Lake Mary	FL	32746-2175
	FEC ID number of contributing federal political committee.		Transaction ID: 3LLQ2A451168
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General		▼	
<input type="checkbox"/> Other (specify) ▼		<input type="text"/> 365.00	
			Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1230.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David McClure

Mailing Address 1255 Pineview Drive

City State Zip Code
Morgantown WV 26505-2713

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 ▼ 937.50

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

Transaction ID: bffd69a5680aeeb9106

Amount of Each Receipt this Period
312.50

B.

Full Name (Last, First, Middle Initial)
David McCullough

Mailing Address 33 King Street

City State Zip Code
Stratford CT 06615-5849

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
M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: 053fb909223d353edc6

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
John McGetrick

Mailing Address Gessler Clinic
635 First St. N

City State Zip Code
Winter Haven FL 33881

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
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: 8cdd9133fcad4b4298e

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **562.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Desmond McGuire

Mailing Address Suite 220
1401 N Tustin Avenue

City State Zip Code
Santa Ana CA 92705-8689

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
1 1 / 1 9 / 2 0 0 7

Transaction ID: 3O1QKY571612

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Michael Edward Migliori

Mailing Address Suite 301
120 Dudley Street

City State Zip Code
Providence RI 02905-2429

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
1 1 / 1 6 / 2 0 0 7

Transaction ID: ecd7e11252bfde77fe7

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Carl Minning

Mailing Address 2935 Maple Avenue

City State Zip Code
Zanesville OH 43701-1487

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
1 1 / 0 2 / 2 0 0 7

Transaction ID: DGL738410242

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 87
	<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) Thomas Moore		Date of Receipt MM / DD / YYYY 11 / 09 / 2007		
	Mailing Address Lansing Ophth 2001 Coolidge Road		Transaction ID: EDC360CC-5610-46C0-		
	City East Lansing	State MI	Zip Code 48823	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self 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) Frank Moya		Date of Receipt MM / DD / YYYY 11 / 18 / 2007		
	Mailing Address Suite 100 2025 Frontis Plaza Boulevard		Transaction ID: ae717a6925657742c19		
	City Winston Salem	State NC	Zip Code 27103-5663	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self self		Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00		

C.	Full Name (Last, First, Middle Initial) David Najafi		Date of Receipt MM / DD / YYYY 11 / 01 / 2007		
	Mailing Address PO Box 13461		Transaction ID: 2ULDID388823		
	City La Jolla	State CA	Zip Code 92039-3461	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self 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)	▶	990.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 87						
	(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

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

A.	Full Name (Last, First, Middle Initial) Jerry Neuwirth		Date of Receipt MM / DD / YYYY 11 / 14 / 2007		
	Mailing Address Suite 822 85 Seymour Street		Transaction ID: 79ZSF7742185		
	City Hartford	State CT	Zip Code 06106-5527	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self		Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

B.	Full Name (Last, First, Middle Initial) Jack Oats		Date of Receipt MM / DD / YYYY 11 / 26 / 2007		
	Mailing Address 47 Inlet View Path		Transaction ID: 3LLPXY542483		
	City East Moriches	State NY	Zip Code 11940-1605	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self		Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

C.	Full Name (Last, First, Middle Initial) Michael Oats		Date of Receipt MM / DD / YYYY 11 / 01 / 2007		
	Mailing Address Sandwich Ophth PO Box 1022		Transaction ID: 2ULDID685235		
	City Sandwich	State MA	Zip Code 02563	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self		Occupation 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)	▶	1865.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Edgardo Ortiz

Mailing Address PO Box 7428

City Ponce State PR Zip Code 00732-7428

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 ▼ 300.00

Date of Receipt 11 / 28 / 2007
Transaction ID: E7F11X722769
Amount of Each Receipt this Period 300.00
Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Radu Pacurariu

Mailing Address Suite 201
920 Wyoming Avenue

City Forty Fort State PA Zip Code 18704-3999

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 11 / 10 / 2007
Transaction ID: 49989e8a0e3195c8b7ef
Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Gregory Panzo

Mailing Address 2037 Crooked Lake Estates Lane

City Eustis State FL Zip Code 32726-5721

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 ▼ 1250.00

Date of Receipt 11 / 24 / 2007
Transaction ID: 4211b592e0359f0e3f33
Amount of Each Receipt this Period 625.00

SUBTOTAL of Receipts This Page (optional) ► 1175.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 87

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Karl Pappa

Mailing Address 4847 Pleasant Valley Drive

City State Zip Code
Columbus OH 43220-5410

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 7

Transaction ID: 0717149

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Larry Jeffrey Payne

Mailing Address Suite C
535 Jesse Jewell Parkway

City State Zip Code
Gainesville GA 30501-3772

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 6 / 2 0 0 7

Transaction ID: 3LLPXY883926

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Brian Perkovich

Mailing Address 2253 W Mason Suite 100
PO Box 13097

City State Zip Code
Green Bay WI 54303-4706

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

M M / D D / Y Y Y Y
1 1 / 2 8 / 2 0 0 7

Transaction ID: E7F11X546852

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶

915.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 Peters		Date of Receipt MM / DD / YYYY 11 / 02 / 2007
	Mailing Address 7802 Davenport Street		Transaction ID: DGL738349086
	City Omaha	State NE	Zip Code 68114-3629
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 638.75	

B.	Full Name (Last, First, Middle Initial) Lan Phuong Pham		Date of Receipt MM / DD / YYYY 11 / 02 / 2007
	Mailing Address 16 Nottingham Way		Transaction ID: DGL738037588
	City Mahopac	State NY	Zip Code 10541-3774
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Michael Pinnolis		Date of Receipt MM / DD / YYYY 11 / 26 / 2007
	Mailing Address 46 Cedar Street		Transaction ID: 3LLQ2A735178
	City Newton Center	State MA	Zip Code 02459-1113
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Peter Pritchett

Mailing Address 1800 E Pavilion Place

City Montrose State CO Zip Code 81401-5499

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 ▼ 750.00

Date of Receipt 11 / 21 / 2007

Transaction ID: 42f7ada434e1bba4f79

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
William Quayle

Mailing Address Houston Eye Associates
2855 Gramercy

City Houston State TX Zip Code 77025

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 11 / 13 / 2007

Transaction ID: 301QML069342

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
James Rambasek

Mailing Address 7003 Pearl Road

City Middleburg Heights State OH Zip Code 44130-4941

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 05 / 2007

Transaction ID: DGL74W851123

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶ **865.00**

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

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

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

FOR LINE NUMBER: PAGE 55 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Reifschneider

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

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 ▼ 500.00

Date of Receipt 11 / 08 / 2007
Transaction ID: 0562861
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

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

Mailing Address 207 S Santa Anita Ave
Ste P25

City San Gabriel State CA Zip Code 91776-1145

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 11 / 13 / 2007
Transaction ID: E00BC684-DF60-4B97-
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Martin Richler

Mailing Address 20 Hope Avenue
North 212

City Waltham State MA Zip Code 02453

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 ▼ 300.00

Date of Receipt 11 / 06 / 2007
Transaction ID: 280AFC16-BEC4-4AE9-
Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gregory Riffle

Mailing Address Suite 110
9485 Mentor Avenue

City State Zip Code
Mentor OH 44060-8724

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
11 / 02 / 2007

Transaction ID: DGL738456367

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Jesse Rigsby

Mailing Address Suite 103
834 N Seminary Street

City State Zip Code
Galesburg IL 61401-2897

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
11 / 12 / 2007

Transaction ID: a19dd38e47066e27dde

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Robert Ritch

Mailing Address New York Eye and Ear Infirmary
310 E 14th Street

City State Zip Code
New York NY 10003

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
11 / 26 / 2007

Transaction ID: 3LLQ2A391452

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 990.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 87
	<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 Robinson	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address Delaware Eye Inst 18791 John J Williams Highway	Transaction ID: E7F11X782480
	City Rehoboth Beach State DE Zip Code 19971	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 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) Catherine Rommel	Date of Receipt MM / DD / YYYY 11 / 08 / 2007
	Mailing Address Manning and Rommel Associates 2128 Embassy Drive	Transaction ID: 0834912
	City Lancaster State PA Zip Code 17603-2385	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Teresa Rosales	Date of Receipt MM / DD / YYYY 11 / 12 / 2007
	Mailing Address 4100 Long Beach Blvd Ste 108	Transaction ID: E3CA0C40-7C14-47E1-
	City Long Beach State CA Zip Code 90807-2696	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 87
	<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) Edwin Hurlbut Ryan	Date of Receipt MM / DD / YYYY 11 / 03 / 2007
	Mailing Address 7760 France Avenue S Suite 310	Transaction ID: 405186deee71993a4dd9
	City State Zip Code Minneapolis MN 55435-3216	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Sina John Sabet	Date of Receipt MM / DD / YYYY 11 / 02 / 2007
	Mailing Address Suite 9 5130 Duke Street	Transaction ID: DGL73K266233
	City State Zip Code Alexandria VA 22304-2955	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date 500.00	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Norman Saffra	Date of Receipt MM / DD / YYYY 11 / 08 / 2007
	Mailing Address Med and Surg Eyesite Pc 902 49th Street	Transaction ID: 0396686
	City State Zip Code Brooklyn NY 11219	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date 250.00	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 87		
	<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

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) David Saperstein		Date of Receipt MM / DD / YYYY 11 / 05 / 2007		
	Mailing Address Suite 1002 1221 Madison Street		Transaction ID: DGL74W535301		
	City Seattle	State WA	Zip Code 98104-1380	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Frederick Sauerburger		Date of Receipt MM / DD / YYYY 11 / 21 / 2007		
	Mailing Address Suite 105 11345 Pembroke Square		Transaction ID: 77A3SD870488		
	City Waldorf	State MD	Zip Code 20603-4804	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) M Charles Schlecte		Date of Receipt MM / DD / YYYY 11 / 18 / 2007		
	Mailing Address 321 Richland West Circle		Transaction ID: 34a15df8767778cc77b		
	City Waco	State TX	Zip Code 76712-7919	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00			

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Loren Schrenk

Mailing Address Suite 201
12818 Tesson Ferry Road

City State Zip Code
St. Louis MO 63128-2945

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
11 / 21 / 2007

Transaction ID: 77A3SD673187

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Ronald Seff

Mailing Address Golden Ring Executive Park
19 Fontana Lane Suite 108

City State Zip Code
Baltimore MD 21237

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
11 / 02 / 2007

Transaction ID: 6E5VCF762196

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Jane Semel

Mailing Address Suite 906
8540 S Sepulveda Boulevard

City State Zip Code
Los Angeles CA 90045-3828

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 ▼ 273.75

Date of Receipt
MM / DD / YYYY
11 / 25 / 2007

Transaction ID: 56f3ba4b5f5f753e3c6

Amount of Each Receipt this Period
91.25

SUBTOTAL of Receipts This Page (optional) ► 956.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 87
	<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 Sherry		Date of Receipt MM / DD / YYYY 11 / 19 / 2007		
	Mailing Address Suite 234 2500 Grubb Road		Transaction ID: 3O1QKY118808		
	City Wilmington	State DE	Zip Code 19810-4796	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

B.	Full Name (Last, First, Middle Initial) David Silbert		Date of Receipt MM / DD / YYYY 11 / 25 / 2007		
	Mailing Address Family Eye Group 2110 Harrisburg Pike		Transaction ID: 9d70041d7744f7511de		
	City Lancaster	State PA	Zip Code 17601-2644	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00			

C.	Full Name (Last, First, Middle Initial) Bonnie Silverman		Date of Receipt MM / DD / YYYY 11 / 02 / 2007		
	Mailing Address Suite 203 475 Tuckahoe Road		Transaction ID: 6E5VCF192082		
	City Yonkers	State NY	Zip Code 10710-5716	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Batch Tool - PAC		
	Name of Employer self 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)	855.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 87
	<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) Abraham Sim		Date of Receipt
	Mailing Address 3915 Sunforest Court		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 0 5 / 2 0 0 7
	City	State	Zip Code
	Toledo	OH	43623-4453
	FEC ID number of contributing federal political committee.		Transaction ID: DGL74W486775
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	Batch Tool - PAC
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 365.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Brian Sippy		Date of Receipt
	Mailing Address 700 W Kent Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 1 / 2 0 0 7
	City	State	Zip Code
	Missoula	MT	59801-6772
	FEC ID number of contributing federal political committee.		Transaction ID: 77A3SD228077
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	Batch Tool - PAC REFUNDED 11.29
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Eric Smith		Date of Receipt
	Mailing Address 3846 Lochwood Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 1 5 / 2 0 0 7
	City	State	Zip Code
	Kingsport	TN	37660
	FEC ID number of contributing federal political committee.		Transaction ID: B54BA0C4-443D-4EFE-
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer self		Occupation	
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text"/> 500.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1365.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 63 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Cheryl Snyder
 Mailing Address 1300 Plaza Road
 City State Zip Code
 De Soto TX 75115-4242
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 6 / 2 0 0 7
Transaction ID: 3LLQ2A953458
 Amount of Each Receipt this Period
 500.00
 Batch Tool - PAC
 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

B. Full Name (Last, First, Middle Initial)
Robert Sorenson
 Mailing Address 361 N San Jacinto Street
 City State Zip Code
 Hemet CA 92543-3118
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 8 / 2 0 0 7
Transaction ID: f9abe913af6be0a3eb8
 Amount of Each Receipt this Period
 125.00
 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

C. Full Name (Last, First, Middle Initial)
Robert Stamper
 Mailing Address Ucsf Department Ophthalmology
 10 Koret Way Room K-301
 City State Zip Code
 San Francisco CA 94143-0001
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 9 / 2 0 0 7
Transaction ID: 3O1QKY576153
 Amount of Each Receipt this Period
 250.00
 Batch Tool - PAC
 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

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Stasior

Mailing Address Stasior and Stasior Eye Care Spec
8 Wade Road

City Albany State NY Zip Code 12110-2608

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 11 / 26 / 2007
Transaction ID: 3LLQ2A863121
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Sadiqa Stelzner

Mailing Address Santa Monica Eye and Medical Group
1908 Santa Monica Boulevard Suite

City Santa Monica State CA Zip Code 90404

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 11 / 26 / 2007
Transaction ID: 3LLQ6J538355
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
William Stinson

Mailing Address Suite 109G
100 Cummings Center

City Beverly State MA Zip Code 01915-6114

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 11 / 26 / 2007
Transaction ID: 3LLQ2A721071
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 2365.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 87

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Drew Stoken

Mailing Address 338 Alexander Spring Road

City State Zip Code
Carlisle PA 17015-9129

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
1 1 / 1 8 / 2 0 0 7

Transaction ID: db2eb7af78a48f0750c

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Cameron Stone

Mailing Address 21 Medical Park Drive

City State Zip Code
Asheville NC 28803-2493

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
1 1 / 2 6 / 2 0 0 7

Transaction ID: 3LLQ2A862412

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Scott Strelow

Mailing Address 5770 Club Lane

City State Zip Code
Roanoke VA 24018

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
1 1 / 2 8 / 2 0 0 7

Transaction ID: E7D7F3D4-C2FD-4618-

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 87
	<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) Gareth Tabor		Date of Receipt MM / DD / YYYY 11 / 11 / 2007		
	Mailing Address Suite 240 27 S State Street		Transaction ID: 4ed6913fcc2d7fc0c243		
	City Lake Oswego	State OR	Zip Code 97034-3935	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Gary Tanner		Date of Receipt MM / DD / YYYY 11 / 16 / 2007		
	Mailing Address 109 Crosspointe Court		Transaction ID: 0c5578395c3b9b7efaa		
	City Yorktown	State VA	Zip Code 23693-5581	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Larry Robert Taub		Date of Receipt MM / DD / YYYY 11 / 19 / 2007		
	Mailing Address 5744 Lbj Freeway Suite 150		Transaction ID: 301QKY137180		
	City Dallas	State TX	Zip Code 75240-6382	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer self	Occupation Ophthalmologist			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			

SUBTOTAL of Receipts This Page (optional)	▶	740.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 87

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Frank Stephen Teed

Mailing Address 2914 Cypress Drive

City State Zip Code
 Arkadelphia AR 71923-4227

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

Name of Employer self Occupation
 self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: 7CLPN6397220

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Carla Territo

Mailing Address Suite 3011
 1224 Graham Road

City State Zip Code
 Florissant MO 63031-8028

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

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

Transaction ID: 6a4f61a08478a331192

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

John Thomas

Mailing Address 50 Staniford St Ste 600

City State Zip Code
 Boston MA 02114-2539

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
 1 1 / 1 0 / 2 0 0 7

Transaction ID: 86F7B42E-BADB-4A75-

Amount of Each Receipt this Period

250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 87
	<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) Trexler Topping	Date of Receipt MM / DD / YYYY 11 / 13 / 2007
	Mailing Address 50 Staniford St Ste 600	Transaction ID: DCBFA84F-BF32-434E-
	City Boston State MA Zip Code 02114-2539	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Kevin Treacy	Date of Receipt MM / DD / YYYY 11 / 20 / 2007
	Mailing Address 645 Ridgewood Road	Transaction ID: 74MM4O676685
	City Duluth State MN Zip Code 55804-1856	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 Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) E Winston Trice	Date of Receipt MM / DD / YYYY 11 / 15 / 2007
	Mailing Address Virginia Eye Instit 400 Westhaption Station	Transaction ID: 79ZSW5921618
	City Richmond State VA Zip Code 23226	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Gregory Trubowitsch

Mailing Address 741 Los Miradores Drive

City State Zip Code
El Paso TX 79912-3451

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
11 / 05 / 2007

Transaction ID: DGL74W645104

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Paul Urrea

Mailing Address Suite 301
850 S Atlantic Boulevard

City State Zip Code
Monterey Park CA 91754-6710

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
11 / 20 / 2007

Transaction ID: 74MM4O464308

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
James Vander

Mailing Address 910 E Willow Grove Avenue

City State Zip Code
Wyndmoor PA 19038-7910

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
11 / 14 / 2007

Transaction ID: 79ZSF7699326

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Sara Vegh

Mailing Address Suite 105
1880 W Winchester Road

City State Zip Code
Libertyville IL 60048-5321

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 ▼ 730.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2007

Transaction ID: 79ZSF7502288

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite 130
1000 E Paris Avenue Southeast

City State Zip Code
Grand Rapids MI 49546-3680

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
11 / 15 / 2007

Transaction ID: 79ZSW5892174

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Nancy Wang

Mailing Address Suite 203
1807 Wilshire Boulevard

City State Zip Code
Santa Monica CA 90403-5678

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
11 / 11 / 2007

Transaction ID: b00369d7aa28c052ddc

Amount of Each Receipt this Period
125.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 87

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Floyd Warren

Mailing Address 530 First Avenue Suite 3-B

City

New York

State

NY

Zip Code

10016-6402

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 ▼

273.75

Date of Receipt

MM / DD / YYYY
11 / 20 / 2007

Transaction ID: 159586c621a3cb9125c

Amount of Each Receipt this Period

91.25

B.

Full Name (Last, First, Middle Initial)

John Waters

Mailing Address 5055 W Bristol Road

City

Flint

State

MI

Zip Code

48507-2922

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 ▼

300.00

Date of Receipt

MM / DD / YYYY
11 / 20 / 2007

Transaction ID: 74MM4O152723

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Aaron Weingeist

Mailing Address 3934 S Americus Street

City

Seattle

State

WA

Zip Code

98118-1640

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
11 / 19 / 2007

Transaction ID: 3O1QKY336451

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

891.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 87

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A.

Full Name (Last, First, Middle Initial)

Joseph Weinstein

Mailing Address 4212 Hempstead Turnpike

City State Zip Code
Bethpage NY 11714-5723

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 4 / 2 0 0 7

Transaction ID: 79ZSF7192824

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Thomas Weiss

Mailing Address Suite 202
4701 N Meridian Avenue

City State Zip Code
Miami Beach FL 33140-2910

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
1 1 / 1 6 / 2 0 0 7

Transaction ID: 6e545df3df418912d21

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Barry Welch

Mailing Address Suite 280
721 Sheridan Avenue

City State Zip Code
Cody WY 82414-3439

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 ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: 060dbdf16c2834e11d9

Amount of Each Receipt this Period

300.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Robert Welch

Mailing Address 526 H Shoup Avenue West

City State Zip Code
Twin Falls ID 83301-5050

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 ▼ 750.00

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

Transaction ID: 1526ca5ebc6d32b15c7

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Amy Wexler

Mailing Address 509 S Lenola Road Suite 11

City State Zip Code
Lenola NJ 08057-1556

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
1 1 / 0 9 / 2 0 0 7

Transaction ID: 7CLPN6738642

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Andrew Wherley

Mailing Address 2399 Baker Road Southwest

City State Zip Code
New Philadelphia OH 44663-7104

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: DGL74W837784

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 / 87
	<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) William White		Date of Receipt MM / DD / YYYY 11 / 15 / 2007
	Mailing Address Suite 405 1004 Carondelet Drive		Transaction ID: 79ZSW5130148
	City Kansas City	State MO	Zip Code 64114-4801
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Julia Whiteside-De Vos		Date of Receipt MM / DD / YYYY 11 / 15 / 2007
	Mailing Address 2984 Brighton Road		Transaction ID: 7116ce5070aec73d480
	City Shaker Heights	State OH	Zip Code 44120-1721
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer self self	Occupation 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) Paul Wiesner		Date of Receipt MM / DD / YYYY 11 / 20 / 2007
	Mailing Address Suite B 1800 E Pavilion Place		Transaction ID: 74MM4O523018
	City Montrose	State CO	Zip Code 81401-5499
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer self self	Occupation Ophthalmologist	Batch Tool - PAC
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1615.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 87
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Stephen Wilmarth

Mailing Address 1830 Sierra Gardens Suite 100

City State Zip Code
Roseville CA 95661-2942

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: 79ZSF7922470

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Catherine Wisda

Mailing Address Suite 2A
1318 S Main Road

City State Zip Code
Vineland NJ 08360-6516

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
1 1 / 0 8 / 2 0 0 7

Transaction ID: 0327821

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Brian Wnorowski

Mailing Address Suite 206
530 Lakehurst Road

City State Zip Code
Toms River NJ 08755-8063

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
1 1 / 0 2 / 2 0 0 7

Transaction ID: 6E5VCF967822

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1365.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 76 / 87
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Mei-Ling Yee		Date of Receipt
	Mailing Address Suite 208 142 Palisade Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 6 / 2 0 0 7
	City Jersey City State NJ Zip Code 07306-1108		Transaction ID: 3LLPXY830297
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer self Occupation Ophthalmologist		Batch Tool - PAC
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		

B.	Full Name (Last, First, Middle Initial) Chi-Wah (Rudy) Yung		Date of Receipt
	Mailing Address 5124 Green Braes East Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 7 / 2 0 0 7
	City Indianapolis State IN Zip Code 46234		Transaction ID: DAF6FF86-6899-45A0-
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer self Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Z Nicholas Zakov		Date of Receipt
	Mailing Address 7779 Sugarbush Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 3 / 2 0 0 7
	City Gates Mills State OH Zip Code 44040-9756		Transaction ID: 41de8b8fee5449258820
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	Name of Employer self Occupation Ophthalmologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	740.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 77 / 87
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Z Nicholas Zakov

Mailing Address 7779 Sugarbush Lane

City State Zip Code
Gates Mills OH 44040-9756

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 4689ab2cbc299c0c30e3

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Steven Zelko

Mailing Address 309 West Quinto Street

City State Zip Code
Santa Barbara CA 93105-5318

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: E7F11X811191

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1125.00

TOTAL This Period (last page this line number only) ► 86237.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 78 / 87	
	(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) Wells Fargo Bank N.A.		Date of Receipt
	Mailing Address PO Box 63020		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Francisco	CA	94163
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 56057-29015749692917
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="2696.07"/>
		<input type="text" value="9694.63"/>	Bank interest 11/07

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2696.07"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2696.07"/>

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 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)

A. Full Name (Last, First, Middle Initial) Union Bank <hr/> Mailing Address 400 California Street <hr/> City San Francisco State CA Zip Code 94104 <hr/> Purpose of Disbursement Bank fees 11/07 Candidate Name	Transaction ID: 56057-98235720396042 Date of Disbursement 11 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 287.28 <hr/> Category/Type 001
B. Full Name (Last, First, Middle Initial) Wells Fargo Bank N.A. <hr/> Mailing Address PO Box 63020 <hr/> City San Francisco State CA Zip Code 94163 <hr/> Purpose of Disbursement Bank fees 11/07 Candidate Name	Transaction ID: 56090-05337160825729 Date of Disbursement 11 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 2052.74 <hr/> Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

2340.02

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

2340.02

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)

A.	Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee Inc	Transaction ID: 20135-7707330584526 Date of Disbursement 11 / 21 / 2007
	Mailing Address PO Box 549 PO Box 549	Amount of Each Disbursement this Period 2500.00
	City Napoleonville State LA Zip Code 70390	
	Purpose of Disbursement Contribution Candidate Name Charlie Melancon	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Coleman for Senate 08	Transaction ID: 20135-0176813006401 Date of Disbursement 11 / 21 / 2007
	Mailing Address 680 Transfer Road Suite A	Amount of Each Disbursement this Period 2500.00
	City St Paul State MN Zip Code 55114	
	Purpose of Disbursement Contribution Candidate Name Norm Coleman	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) David Scott for Congress	Transaction ID: 20135-5372430682182 Date of Disbursement 11 / 21 / 2007
	Mailing Address PO Box 960821	Amount of Each Disbursement this Period 5000.00
	City Riverdale State GA Zip Code 30296	
	Purpose of Disbursement Contribution Candidate Name David Albert Scott	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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)

<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) Freedom Project; the	Transaction ID: 20135-2664453387260 Date of Disbursement 11 / 21 / 2007
	Mailing Address 424 C Street NE Basement Unit	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Gayle Harrell	Transaction ID: 91654-40293520689011 Date of Disbursement 11 / 01 / 2007
	Mailing Address 1885 N.W. Eagle Point	Amount of Each Disbursement this Period -5000.00
	City Stuart State FL Zip Code 34994	
	Purpose of Disbursement 2008 Primary Candidate Name Gayle B. Harrell	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Gayle Harrell	Transaction ID: 91654-2110254168510 Date of Disbursement 11 / 01 / 2007
	Mailing Address 1885 N.W. Eagle Point	Amount of Each Disbursement this Period 5000.00
	City Stuart State FL Zip Code 34994	
	Purpose of Disbursement Contribution Candidate Name Gayle B. Harrell	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2500.00
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)

<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) Kennedy for Congress <hr/> Mailing Address 303 N Broadway Suite 704 <hr/> City Billings State MT Zip Code 59101 <hr/> Purpose of Disbursement Contribution Candidate Name William T. Kennedy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 20135-5507776141166 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7
	Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Marion Berry for Congress <hr/> Mailing Address PO Box 8084 PO Box 8084 <hr/> City Jonesboro State AR Zip Code 72403 <hr/> Purpose of Disbursement Contribution Candidate Name Marion Berry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 20135-1399804949760 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Mark Pryor for Us Senate <hr/> Mailing Address PO Box 2720 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement Contribution Candidate Name Mark Lunsford Pryor Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 20135-1473504900932 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 7
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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)

<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) Mike Crapo for Us Senate	Transaction ID: 20135-0203973650932
	Mailing Address PO Box 1948	Date of Disbursement 11 / 21 / 2007
	City Boise State ID Zip Code 83701	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name Michael D. Crapo	011 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: ID District:	

B.	Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee	Transaction ID: 20135-9212610125541
	Mailing Address 76 Magnolia Terrace	Date of Disbursement 11 / 21 / 2007
	City Springfield State MA Zip Code 01108	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution Candidate Name Richard E. Neal	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input 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: MA District: 02	

C.	Full Name (Last, First, Middle Initial) Schock for Congress	Transaction ID: 20135-5736810564994
	Mailing Address PO Box 10555	Date of Disbursement 11 / 21 / 2007
	City Peoria State IL Zip Code 61612	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution Candidate Name Aaron Schock	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input 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: IL District: 18	

SUBTOTAL of Disbursements This Page (optional)	▶	10000.00
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 84 / 87

<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)
Tuesday Group Political Action Committee

Mailing Address PO Box 11586

City Washington State DC Zip Code 20008

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

Contribution

Transaction ID: 20135-0064508318901

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Voice for Freedom

Mailing Address 2814 Spring Road Ste. 103

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2007
 Primary General
 Other (specify) ▼

State: District:

Contribution

Transaction ID: 20135-0104028582572

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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)

<input 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 checked="" 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) Stacey Ackerman</p> <p>Mailing Address Suite 302 1113 Hospital Drive</p> <p>City Willingboro State NJ Zip Code 08046-1130</p> <p>Purpose of Disbursement Duplicate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 40372-99796694517136</p> <p>Date of Disbursement 11 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>010 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Ranjit Dhaliwal</p> <p>Mailing Address 3520 Walton Way Extension</p> <p>City Augusta State GA Zip Code 30909-6605</p> <p>Purpose of Disbursement Duplicate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 84599-88602846860886</p> <p>Date of Disbursement 11 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 100.00</p> <p>010 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) David Faber</p> <p>Mailing Address 4400 S 700 E #200</p> <p>City Salt Lake City State UT Zip Code 84107-3053</p> <p>Purpose of Disbursement Duplicate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 84599-70899599790573</p> <p>Date of Disbursement 11 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>010 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

850.00

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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) Thomas Moore	Transaction ID: 84599-30862063169479
	Mailing Address 2001 Coolidge Road	Date of Disbursement MM / DD / YYYY 11 / 19 / 2007
	City East Lansing State MI Zip Code 48823-1378	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Duplicate Candidate Name	010 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) ▼

B.	Full Name (Last, First, Middle Initial) Brian Sippy	Transaction ID: 82734-76646059751511
	Mailing Address 700 W Kent Avenue	Date of Disbursement MM / DD / YYYY 11 / 29 / 2007
	City Missoula State MT Zip Code 59801-6772	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement PAC Candidate Name	010 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) ▼

C.	Full Name (Last, First, Middle Initial) Michael Versackas	Transaction ID: 36634-74435061216355
	Mailing Address Suite 202 1212 Pleasant Street	Date of Disbursement MM / DD / YYYY 11 / 15 / 2007
	City Des Moines State IA Zip Code 50309-1411	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Dup Candidate Name	010 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)	1500.00
TOTAL This Period (last page this line number only)	2350.00

Image# 28931717671

Form/Schedule: **F3XA**
Transaction ID:

This December Monthly Report is being filed to reflect two receipts that were received but not originally reported. The two receipts are: 1) Richard Hawkins \$500 and 2) Curtis Cornelius \$250.
