

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 San Francisco CA 94109 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00196246 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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

5. Covering Period 11 28 2006 through 12 31 2006

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

Type or Print Name of Treasurer Benjamin Bank

Signature of Treasurer Electronically Filed by Benjamin Bank Date 08 11 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
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		535866.50
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	645717.27									
(c) Total Receipts (from Line 19)	59150.49	845604.59								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	704867.76	1381471.09								
7. Total Disbursements (from Line 31)	20956.33	697559.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	683911.43	683911.43								
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
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	54833.75	743436.75
(i) Itemized (use Schedule A)	4207.50	100945.25
(ii) Unitemized	59041.25	844382.00
(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)	59041.25	844382.00
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.)	109.24	1222.59
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))	59150.49	845604.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	59150.49	845604.59

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.....	3761.33	13604.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3761.33	13604.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	617000.00
24. Independent Expenditure (use Schedule E)	3330.00	65860.00
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	365.00	1095.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	365.00	1095.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	20956.33	697559.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20956.33	697559.66

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	59041.25	844382.00
34. Total Contribution Refunds (from Line 28(d))	365.00	1095.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58676.25	843287.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3761.33	13604.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3761.33	13604.66

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

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

FOR LINE NUMBER: PAGE 6 / 68
(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)
Peter Amaral

Mailing Address 635 Medical Parkway

City State Zip Code
Brenham TX 77833-5412

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 ▼ 450.00

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

Transaction ID: DOEVM3439845

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address Suite B
38707 Stivers Street

City State Zip Code
Fremont CA 94536-5337

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 2 / 0 4 / 2 0 0 6

Transaction ID: A5YT0W884224

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address Suite 803
2080 Century Park E

City State Zip Code
Los Angeles CA 90067-2011

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 ▼ 665.00

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

Transaction ID: DOEV99688723

Amount of Each Receipt this Period
300.00

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 7 / 68
(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)
William Atkins

Mailing Address 150 Market Hills Drive

City State Zip Code
Boone NC 28607-3678

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 ▼ 615.00

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

Transaction ID: 93000-87687319517136

Amount of Each Receipt this Period
91.25

PAC 4th of 4

B.

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

Mailing Address Eye Physicians of Central Florida,
225 West State Road 434 Suite 111

City State Zip Code
Longwood FL 32750

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
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 6

Transaction ID: 30DZ4O501808

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C.

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

Mailing Address Eye Physicians of Central Florida,
225 West State Road 434 Suite 111

City State Zip Code
Longwood FL 32750

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
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 6

Transaction ID: 1PWLQ0472148

Amount of Each Receipt this Period
365.00

Batch Tool - PAC refunded
1.5.07 duplica

SUBTOTAL of Receipts This Page (optional) ► **821.25**

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 8 / 68
(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)
Steven Awner

Mailing Address 193 Viscount Drive

City State Zip Code
Williamsville NY 14221-1771

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 ▼ 600.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2006

Transaction ID: A5YT0W355377

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address Rocky Mountain Lions Eye Inst
Campus Box F-731, PO Box 6510

City State Zip Code
Aurora CO 80045

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
12 / 12 / 2006

Transaction ID: DOEVKJ707768

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Ivan Baumwell

Mailing Address Suite 2020
400 Broad Street

City State Zip Code
Sewickley PA 15143-1500

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 / 29 / 2006

Transaction ID: A77G6W620915

Amount of Each Receipt this Period
1000.00

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: PAGE 9 / 68
(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 Behar

Mailing Address 2610 E Allegheny Avenue

City Philadelphia State PA Zip Code 19134-5104

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 ▼ 91.25

Date of Receipt 12 / 04 / 2006
Transaction ID: A5YTOW505829
Amount of Each Receipt this Period 91.25
Batch Tool - PAC

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

Mailing Address 749 Central Avenue

City Dover State NH Zip Code 03820-3404

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 / 29 / 2006
Transaction ID: A77G6W182056
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Peter Berkowitz

Mailing Address Aiken Professional Building/Suite
532 South Aiken Avenue

City Pittsburgh State PA Zip Code 15232

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 ▼ 450.00

Date of Receipt 11 / 30 / 2006
Transaction ID: DQUGMN135755
Amount of Each Receipt this Period 50.00
PAC 4th of 4

SUBTOTAL of Receipts This Page (optional) ▶ 391.25

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 10 / 68
(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) John Bishop		Date of Receipt MM / DD / YYYY 12 / 08 / 2006
Mailing Address Suite 108 4707 Everhart Road		Transaction ID: 31KG6H521234
City Corpus Christi	State TX	Zip Code 78411-2751
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) Louis Blumenfeld		Date of Receipt MM / DD / YYYY 12 / 14 / 2006
Mailing Address Suite 111 225 W State Road 434		Transaction ID: 30DZ4O845741
City Longwood	State FL	Zip Code 32750-4980
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 ▼ 730.00	

C.

Full Name (Last, First, Middle Initial) Louis Blumenfeld		Date of Receipt MM / DD / YYYY 12 / 19 / 2006
Mailing Address Suite 111 225 W State Road 434		Transaction ID: 1PWLQ0563261
City Longwood	State FL	Zip Code 32750-4980
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 refunded 1.5.07 duplica
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00	

SUBTOTAL of Receipts This Page (optional)	▶	1095.00
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 11 / 68
(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)
James Bobrow

Mailing Address Suite 304
211 N Meramec Avenue

City Clayton State MO Zip Code 63105-3745

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 12 / 04 / 2006
Transaction ID: A5YT0W896541
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

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

Mailing Address 610 Brunson Drive

City Tupelo State MS Zip Code 38801-4947

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 / 2006
Transaction ID: A77G6W372818
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

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

Mailing Address Suite 403
2000 S Wheeling Avenue

City Tulsa State OK Zip Code 74104-5641

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 865.00

Date of Receipt 12 / 02 / 2006
Transaction ID: 93000-84750002622605
Amount of Each Receipt this Period 250.00
PAC 2nd of 4

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 68
(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)
Jill Brody

Mailing Address McDonough Eye Assoc
505 E Grant Street

City Macomb State IL Zip Code 61455

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 12 / 19 / 2006

Transaction ID: 1PWLQ0962661

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
G Edward Bryant

Mailing Address 303 West Polk Street

City West Memphis State AR Zip Code 72301-4262

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 12 / 19 / 2006

Transaction ID: 1PWLQ0292856

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

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

Mailing Address 400 Westhampton Station

City Richmond State VA Zip Code 23226-3330

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 12 / 12 / 2006

Transaction ID: DOEVKJ333344

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: (check only one)	PAGE 13 / 68
	<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 Burns	Date of Receipt MM / DD / YYYY 12 / 11 / 2006
	Mailing Address 5135 Dixie Highway Suite 15	Transaction ID: 93000-87681216001511
	City State Zip Code Louisville KY 40216-1771	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	PAC 3rd of 4
	Name of Employer self Occupation self Ophthalmologist	
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) Charles Campbell	Date of Receipt MM / DD / YYYY 12 / 14 / 2006
	Mailing Address Suite 200 5540 Saratoga Boulevard	Transaction ID: 30DZ4O320773
	City State Zip Code Corpus Christi TX 78413-2953	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Louis Cantor	Date of Receipt MM / DD / YYYY 12 / 12 / 2006
	Mailing Address Department of Ophthalmology 702 Rotary Circle	Transaction ID: DOEVKJ214843
	City State Zip Code Indianapolis IN 46202-5175	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	

SUBTOTAL of Receipts This Page (optional)	▶	1490.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 68
	<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) Moiz Carim	Date of Receipt MM / DD / YYYY 11 / 29 / 2006
	Mailing Address 2630 Westview Drive	Transaction ID: 14918-63377016782761
	City State Zip Code Wyomissing PA 19610-1130	Amount of Each Receipt this Period 91.25
	FEC ID number of contributing federal political committee. C	PAC 4th of 4
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Roger Carlson	Date of Receipt MM / DD / YYYY 12 / 14 / 2006
	Mailing Address Redwood Eye Center 2852 Redwood Parkway	Transaction ID: 93000-58109682798386
	City State Zip Code Vallejo CA 94591	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	PAC 2nd of 4
	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 ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Ronald Caronia	Date of Receipt MM / DD / YYYY 11 / 28 / 2006
	Mailing Address Floor 3 360 Merrick Road	Transaction ID: A77G6W714664
	City State Zip Code Lynbrook NY 11563-2500	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	

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 15 / 68
	(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) Denise Chamblee		Date of Receipt
	Mailing Address 11800 Rock Landing Drive		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Newport News	VA	23606-4206
	FEC ID number of contributing federal political committee. C		Transaction ID: A5YTOW222537
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Kenneth Paul Cheng		Date of Receipt
	Mailing Address 1000 Stonewood Drive Suite 310		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Wexford	PA	15090-8386
	FEC ID number of contributing federal political committee. C		Transaction ID: DOEV99604333
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Christopher Coad		Date of Receipt
	Mailing Address Chelsea Eye Assoc Llp 157 West 19th Street		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	New York	NY	10011
	FEC ID number of contributing federal political committee. C		Transaction ID: 1Q496A355259
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1250.00"/>
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 16 / 68
(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 Colombo

Mailing Address 22835 Kelly Road

City State Zip Code
Eastpointe MI 48021-2073

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
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: A77G6W222040

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Edgar Dapremont

Mailing Address PO Box 6545

City State Zip Code
Gulfport MS 39506-6545

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 2 / 1 2 / 2 0 0 6

Transaction ID: 93000-27888125181198

Amount of Each Receipt this Period
250.00

PAC 3rd of 4

C. Full Name (Last, First, Middle Initial)
Nazareth Darakjian

Mailing Address 2595 E Washington Boulevard Suite

City State Zip Code
Pasadena CA 91107-1409

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 2 / 0 7 / 2 0 0 6

Transaction ID: 1Q496A796848

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

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

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

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

FOR LINE NUMBER: PAGE 17 / 68
(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)
Elliot Davidoff

Mailing Address Center for Sight
1371 W Main Street

City State Zip Code
Newark OH 43055-3676

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 / 29 / 2006

Transaction ID: A77G6W364799

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Daniel Day

Mailing Address 8401 Golden Valley Road #330

City State Zip Code
Golden Valley MN 55427-4488

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
12 / 22 / 2006

Transaction ID: 7ONL5G893057

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

Mailing Address 141 S Main Street

City State Zip Code
Wilkes Barre PA 18701-1607

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
12 / 31 / 2006

Transaction ID: 3TKFWE9LRV85M

Amount of Each Receipt this Period
300.00

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1165.00**

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 18 / 68
	<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 Deutsch	Date of Receipt MM / DD / YYYY 12 / 12 / 2006
	Mailing Address Suite 918 1725 West Harrison Street	Transaction ID: DOEVM3733956
	City State Zip Code Chicago IL 60612-3863	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) David Diskin	Date of Receipt MM / DD / YYYY 12 / 26 / 2006
	Mailing Address Michigan Eye Institute 4499 Town Center Parkway	Transaction ID: 00150-63128298521042
	City State Zip Code Flint MI 48532	Amount of Each Receipt this Period 91.25
	FEC ID number of contributing federal political committee. C	PAC 4th of 4
	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) Eric Dunn	Date of Receipt MM / DD / YYYY 12 / 08 / 2006
	Mailing Address 472 Ridge Lane	Transaction ID: 93000-53832644224167
	City State Zip Code Mays Landing NJ 08330-1653	Amount of Each Receipt this Period 91.25
	FEC ID number of contributing federal political committee. C	PAC 4th of 4
	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

SUBTOTAL of Receipts This Page (optional)	▶	682.50
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: (check only one)	PAGE 19 / 68		
	<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) Dion Ehrlich		Date of Receipt MM / DD / YYYY 12 / 18 / 2006		
	Mailing Address Suite 103 7500 Central Avenue		Transaction ID: 19DNEZRRSOQI02		
	City Philadelphia	State PA	Zip Code 19111-2431	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		PACWEB GENERATED CONTRIBUTION		
	Name of Employer self	Occupation Ophthalmologist		Aggregate Year-to-Date 500.00	
	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) Matthew Farber		Date of Receipt MM / DD / YYYY 12 / 06 / 2006		
	Mailing Address Suite 300 7900 W Jefferson Boulevard		Transaction ID: 1Q496A200859		
	City Fort Wayne	State IN	Zip Code 46804-4128	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 Ophthalmologist		Aggregate Year-to-Date 2000.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

C.	Full Name (Last, First, Middle Initial) Robert Fechtner		Date of Receipt MM / DD / YYYY 12 / 12 / 2006		
	Mailing Address Suite 6100 90 Bergen Street		Transaction ID: DOEVM3830787		
	City Newark	State NJ	Zip Code 07103-2425	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		Aggregate Year-to-Date 465.00	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 465.00		

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 20 / 68
(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)
James Felch
Mailing Address 117 Abbotsford Drive
City Nashville State TN Zip Code 37215-2439
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 12 / 14 / 2006
Transaction ID: 93000-15909975767135
Amount of Each Receipt this Period 125.00
PAC 4th of 4

B. Full Name (Last, First, Middle Initial)
Macie Finkelstein
Mailing Address 1371 Beacon Street
City Brookline State MA Zip Code 02446-4905
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 / 2006
Transaction ID: 6NJ20B982903
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Samuel Friedel
Mailing Address 827 Linden Avenue
City Baltimore State MD Zip Code 21201-4606
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 12 / 01 / 2006
Transaction ID: A5YT0W683004
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 855.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 68
	<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) Steve Friedlander	Date of Receipt MM / DD / YYYY 12 / 07 / 2006
	Mailing Address Nevada Retina Assoc 610 Sierra Rose Drive	Transaction ID: 93000-75114077329636
	City Reno State NV Zip Code 89511	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	PAC 4th of 4
	Name of Employer self Occupation Ophthalmologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) Thomas Gardner	Date of Receipt MM / DD / YYYY 12 / 13 / 2006
	Mailing Address Penn State Univ Med Sch/Ophth PO Box 850	Transaction ID: 93000-67251223325730
	City Hershey State PA Zip Code 17033	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	PAC 4th of 4
	Name of Employer self Occupation Ophthalmologist	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

C.	Full Name (Last, First, Middle Initial) Tanya Ghosh	Date of Receipt MM / DD / YYYY 12 / 04 / 2006
	Mailing Address 493 Santa Barbara Drive	Transaction ID: A5YT0W968544
	City Los Altos State CA Zip Code 94022-3810	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) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	500.00
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 22 / 68
(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)
Gregory Gibb
Mailing Address 2840 O'Neil Lane
City State Zip Code
Eureka CA 95503-4870
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 12 / 15 / 2006
Transaction ID: 6K4G4A914492
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
James Gills
Mailing Address PO Box 5000
43309 US Highway 19 North
City State Zip Code
Tarpon Springs FL 34688-5000
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation
self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 12 / 01 / 2006
Transaction ID: 00150-04218691587448
Amount of Each Receipt this Period 250.00
PAC 2nd of 4

C. Full Name (Last, First, Middle Initial)
James Gills
Mailing Address PO Box 5000
43309 US Highway 19 North
City State Zip Code
Tarpon Springs FL 34688-5000
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation
self Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt 12 / 26 / 2006
Transaction ID: 00150-43430727720261
Amount of Each Receipt this Period 250.00
PAC 3rd of 4

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 68
	<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 Gold		Date of Receipt
	Mailing Address Suite 111 225 W State Road 434		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Longwood	FL	32750-4980
	FEC ID number of contributing federal political committee.		<input type="text" value="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 ▼ <input type="text" value="730.00"/>	Transaction ID: 30DZ4O721441
			Amount of Each Receipt this Period <input type="text" value="365.00"/>
			Batch Tool - PAC

B.	Full Name (Last, First, Middle Initial) Robert Gold		Date of Receipt
	Mailing Address Suite 111 225 W State Road 434		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Longwood	FL	32750-4980
	FEC ID number of contributing federal political committee.		<input type="text" value="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 ▼ <input type="text" value="730.00"/>	Transaction ID: 1PWLQ0467733
			Amount of Each Receipt this Period <input type="text" value="365.00"/>
			Batch Tool - PAC refunded 1.5.07 duplica

C.	Full Name (Last, First, Middle Initial) Lynn Gordon		Date of Receipt
	Mailing Address 100 Stein Plaza		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Los Angeles	CA	90095-7065
	FEC ID number of contributing federal political committee.		<input type="text" value="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 ▼ <input type="text" value="365.00"/>	Transaction ID: 93000-80216616392136
			Amount of Each Receipt this Period <input type="text" value="91.25"/>
			PAC 4th of 4

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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 / 68
(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)
David Gossage

Mailing Address 50 W Carleton Road

City Hillsdale State MI Zip Code 49242-1202

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 / 28 / 2006

Transaction ID: 6NJ20B613553

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Cono Grasso

Mailing Address 16110 Union Turnpike

City Flushing State NY Zip Code 11366-1934

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 / 28 / 2006

Transaction ID: 6NJ20B235512

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Joseph Greco

Mailing Address Unit 706
11 Church Street

City Salem State MA Zip Code 01970-3764

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 ▼ 550.00

Date of Receipt 12 / 05 / 2006

Transaction ID: DPNG8Y738177

Amount of Each Receipt this Period 250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 68
	<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) Robert Green		Date of Receipt
	Mailing Address 31 Kinglet Circle		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Greensboro	NC	27455-1362
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: 93000-15169924497604 Amount of Each Receipt this Period <input type="text" value="91.25"/> PAC 4th of 4
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<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) Erich Groos		Date of Receipt
	Mailing Address Cornea Consultants of Nashville 2011 Murphy Avenue Suite 602		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Nashville	TN	37203
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: 14918-52672976255417 Amount of Each Receipt this Period <input type="text" value="250.00"/> PAC 2nd of 4
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Erich Groos		Date of Receipt
	Mailing Address Cornea Consultants of Nashville 2011 Murphy Avenue Suite 602		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Nashville	TN	37203
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer self		Occupation	Transaction ID: 00150-68273562192917 Amount of Each Receipt this Period <input type="text" value="250.00"/> PAC 3rd of 4
self		Ophthalmologist	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="591.25"/>
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: (check only one)	PAGE 26 / 68
	<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) Donald Hall	Date of Receipt MM / DD / YYYY 12 / 14 / 2006
	Mailing Address 3303 Indiana Avenue	Transaction ID: 30DZ4O881448
	City State Zip Code Vicksburg MS 39180-4540	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Cynthia Hampton	Date of Receipt MM / DD / YYYY 12 / 18 / 2006
	Mailing Address Suite 204 451 Ruin Creek Road	Transaction ID: 00150-47469729185104
	City State Zip Code Henderson NC 27536-5920	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	PAC 2nd of 4
	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 ▼ 750.00	

C.	Full Name (Last, First, Middle Initial) Mark Hatton	Date of Receipt MM / DD / YYYY 12 / 02 / 2006
	Mailing Address 50 Staniford St	Transaction ID: 93000-44991701841354
	City State Zip Code Boston MA 02114-2517	Amount of Each Receipt this Period 91.25
	FEC ID number of contributing federal political committee. C	PAC 3rd of 4
	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 ▼ 273.75	

SUBTOTAL of Receipts This Page (optional)	466.25
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 27 / 68

(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)
John Herlihy

Mailing Address 4560 S Glenview Place

City State Zip Code
Rapid City SD 57702-6804

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 ▼ 565.00

Date of Receipt M M / D D / Y Y Y Y
11 / 28 / 2006

Transaction ID: A77G6W551247

Amount of Each Receipt this Period 365.00

Batch Tool - PAC

B.

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

Mailing Address Suite 403
1190 N State Street

City State Zip Code
Jackson MS 39202-2413

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
12 / 05 / 2006

Transaction ID: DPNG8Y414532

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

C.

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

Mailing Address Suite 600
50 Staniford Street

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 ▼ 4062.50

Date of Receipt M M / D D / Y Y Y Y
12 / 26 / 2006

Transaction ID: 3PZXP4TRTTM52

Amount of Each Receipt this Period 312.50

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 1177.50

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: (check only one)	PAGE 28 / 68
	<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) W Jackson Iliff	Date of Receipt MM / DD / YYYY 12 / 17 / 2006
	Mailing Address Suite 7 4 W Rolling Crossroads	Transaction ID: 00150-91624087095261
	City State Zip Code Catonsville MD 21228-6278	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	PAC 3rd of 4
	Name of Employer self Occupation self Ophthalmologist 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) Edward Isbey	Date of Receipt MM / DD / YYYY 12 / 05 / 2006
	Mailing Address Asheville Eye Associates 8 Medical Park Drive	Transaction ID: 93000-42033022642136
	City State Zip Code Asheville NC 28803-2493	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	PAC 3rd of 4
	Name of Employer self Occupation self Ophthalmologist 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) Robert Janigian	Date of Receipt MM / DD / YYYY 11 / 30 / 2006
	Mailing Address Suite 303 120 Dudley Street	Transaction ID: 14918-78562563657761
	City State Zip Code Providence RI 02905-2429	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	PAC 4th of 4
	Name of Employer self Occupation 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)	375.00
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 / 68

(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 Kavanagh

Mailing Address Eye Associates of Sequin
128 S Moss Street Suite 300

City State Zip Code
Sequin TX 78155-5127

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 ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: 6NJ20B455541

Amount of Each Receipt this Period

400.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Michael Kay

Mailing Address Suite L30
601 Walnut Street

City State Zip Code
Philadelphia PA 19106-3304

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 2 / 0 4 / 2 0 0 6

Transaction ID: A5YT0W473989

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Tae Kim

Mailing Address Suite 202
11829 South Street

City State Zip Code
Cerritos CA 90703-6828

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 2 / 1 4 / 2 0 0 6

Transaction ID: 30DZ4O286337

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

900.00

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 / 68
(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) Douglas Kopp		Date of Receipt MM / DD / YYYY 12 / 07 / 2006
Mailing Address Suite 10 2222 W 24th Street		Transaction ID: 1H1Q496EB1HE3F
City Plainview	State TX	Zip Code 79072-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	PACWEB GENERATED CONTRIBUTION
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) Alexandra Kostick		Date of Receipt MM / DD / YYYY 12 / 11 / 2006
Mailing Address Suite 104 3 Pine Cone Drive		Transaction ID: 93000-16186159849167
City Palm Coast	State FL	Zip Code 32137-8684
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.25
Name of Employer self	Occupation Ophthalmologist	PAC 2nd of 4
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 547.50	

C.

Full Name (Last, First, Middle Initial) Bernd Kutzscher		Date of Receipt MM / DD / YYYY 12 / 17 / 2006
Mailing Address 172 32nd Avenue		Transaction ID: 00150-74462527036667
City San Francisco	State CA	Zip Code 94121-1012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer self	Occupation Ophthalmologist	PAC 2nd of 4
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	716.25
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 31 / 68
(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)
Raymond Larsen

Mailing Address 916 Fifth Avenue Northeast

City State Zip Code
Jamestown ND 58401-3437

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
12 / 05 / 2006

Transaction ID: DPNG8Y788213

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Bruce Larson

Mailing Address 126 West First Street

City State Zip Code
Hinsdale IL 60521-4013

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
12 / 12 / 2006

Transaction ID: DOEVKJ358824

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Mark Latina

Mailing Address Reading Hlth Center
20 Pond Meadow Drive Suite 203

City State Zip Code
Reading MA 01867

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 ▼ 564.00

Date of Receipt
MM / DD / YYYY
12 / 12 / 2006

Transaction ID: DOEVKJ400464

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 32 / 68

(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 Lee

Mailing Address 52 Crest Avenue

City State Zip Code
Winthrop MA 02152-1064

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 2 / 1 9 / 2 0 0 6

Transaction ID: 1PWLQ0724445

Amount of Each Receipt this Period

250.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Jay Leemaster

Mailing Address Suite 101
520 S Telephone Road

City State Zip Code
Oklahoma City OK 73160-5424

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 6

Transaction ID: A77G6W362360

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

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

Mailing Address Suite 100
1445 Sheldon Road

City State Zip Code
Grand Haven MI 49417-2479

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 2 / 2 0 / 2 0 0 6

Transaction ID: 00150-70983523130417

Amount of Each Receipt this Period

125.00

PAC 4th of 4

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 68

(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 ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 6

Transaction ID: 1PWLQ0117763

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

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: DPNG8Y387488

Amount of Each Receipt this Period

1000.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

David Loewy

Mailing Address 407 Avenue K Southeast

City State Zip Code
Winter Haven FL 33880-4126

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 2 / 2 2 / 2 0 0 6

Transaction ID: 7ONL5G561650

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

1390.00

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 / 68
(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)
Ronald Lowery

Mailing Address #10 Hospital Circle

City State Zip Code
Batesville AR 72501-7310

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 2 / 1 2 / 2 0 0 6

Transaction ID: DOEVM3271671

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

B.

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: DNEZQI092534

Amount of Each Receipt this Period
200.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Louis Maisel

Mailing Address Suite 102
20 Squadron Boulevard

City State Zip Code
New City NY 10956-5232

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 ▼ 615.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: A77G6W328143

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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 / 68

(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 Malone

Mailing Address 731-F Walker Road

City State Zip Code
Great Falls VA 22066-2834

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 / 2 8 / 2 0 0 6

Transaction ID: A77G6W176552

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

David Markoff

Mailing Address Mountain Eye Associates
486 Hospital Drive

City State Zip Code
Clyde NC 28721

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 2 / 0 4 / 2 0 0 6

Transaction ID: A5YT0W141435

Amount of Each Receipt this Period

500.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Tyrone McCall

Mailing Address Suite 600
7150 Greenville Avenue

City State Zip Code
Dallas TX 75231-5187

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 / 2 9 / 2 0 0 6

Transaction ID: A77G6W755035

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: PAGE 36 / 68

(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

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)

C McCarty

Mailing Address 7411 Wallace Boulevard

City State Zip Code
Amarillo TX 79106-1835

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 2 / 0 8 / 2 0 0 6

Transaction ID: 31KG6H570332

Amount of Each Receipt this Period

100.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

J Patrick McGraw

Mailing Address 10 Wildwood Lane

City State Zip Code
Mountain Top PA 18707-9664

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 2 / 3 0 / 2 0 0 6

Transaction ID: 1HEQK30DT9G812

Amount of Each Receipt this Period

1000.00

PACWEB GENERATED CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

Timothy McInnis

Mailing Address Medical Eye Specialists Pc
300 N Willson Avenue Suite 1003

City State Zip Code
Bozeman MT 59715

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 2 / 2 1 / 2 0 0 6

Transaction ID: KK44T6108O5P02

Amount of Each Receipt this Period

500.00

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1600.00

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 37 / 68
	<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) Priscilla Metcalf		Date of Receipt MM / DD / YYYY 12 / 09 / 2006
	Mailing Address 2100 Regional Med Drive		Transaction ID: 93000-92213076353074
	City Wharton	State TX	Zip Code 77488-9719
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	Name of Employer self self	Occupation Ophthalmologist	PAC 4th of 4

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) Harvey Minatoya		Date of Receipt MM / DD / YYYY 12 / 15 / 2006
	Mailing Address Minatoya Eye Clinic 1003 Pensacola Street		Transaction ID: 6K4G4A748777
	City Honolulu	State HI	Zip Code 96814
	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 ▼ 730.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Amalia Miranda		Date of Receipt MM / DD / YYYY 11 / 29 / 2006
	Mailing Address 3435 Northwest 56th Street Building A # 1010		Transaction ID: 14918-04092043638229
	City Oklahoma City	State OK	Zip Code 73112-4448
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	Name of Employer self self	Occupation Ophthalmologist	PAC 4th of 4

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)	615.00
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 38 / 68
(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)
Michael George Morgan

Mailing Address 1617 Steele Boulevard

City State Zip Code
Baton Rouge LA 70808-1192

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 2 / 1 9 / 2 0 0 6

Transaction ID: 1PWLQ0368343

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Nancy Able Morrison

Mailing Address 11345 Penbrooke Square, Suite 105

City State Zip Code
Waldorf MD 20603-4804

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 / 2 8 / 2 0 0 6

Transaction ID: A77G6W388219

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Marlene Moster

Mailing Address Suite 104
40 Monument Road

City State Zip Code
Bala Cynwyd PA 19004-1735

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 6

Transaction ID: 1PWLQ0184101

Amount of Each Receipt this Period
200.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

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

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

FOR LINE NUMBER: PAGE 39 / 68
(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)
C Blake Myers

Mailing Address 601 Halton Road

City Greenville State SC Zip Code 29607-3403

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 / 28 / 2006
Transaction ID: 1V5UAU0BE77AP
Amount of Each Receipt this Period 250.00
PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Philip Nelsen

Mailing Address Retina Consultants Suite E
Jobst Tower/2109 Hughes Drive

City Toledo State OH Zip Code 43606-5141

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 12 / 02 / 2006
Transaction ID: 92993-25814455747604
Amount of Each Receipt this Period 125.00
PAC 2nd of 4

C. Full Name (Last, First, Middle Initial)
Christopher Newton

Mailing Address Nh Eye Associates
1415 Elm Street

City Manchester State NH Zip Code 03101

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 12 / 01 / 2006
Transaction ID: A5YT0W765824
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

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 40 / 68
(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)
Karen Nixon

Mailing Address N5390 Rancho Viejo Road

City State Zip Code
Fond Du Lac WI 54935-9373

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 2 / 0 4 / 2 0 0 6

Transaction ID: A5YTOW813736

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

B.

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

Mailing Address Suite 301
25 E Washington Street

City State Zip Code
Chicago IL 60602-1734

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
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 6

Transaction ID: 82651-05816286802291

Amount of Each Receipt this Period
91.25

PAC 3rd of 4

C.

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

Mailing Address 7740 North Avenue

City State Zip Code
Elmwood Park IL 60707-4124

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 ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: DPNG8Y526786

Amount of Each Receipt this Period
900.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **1991.25**

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 41 / 68
(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)
John Peters

Mailing Address 7802 Davenport Street

City State Zip Code
Omaha NE 68114-3629

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 ▼ 456.25

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: DNEZNH687427

Amount of Each Receipt this Period
91.25

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Walter Petersen

Mailing Address # R
1226 Parkside Dr. E

City State Zip Code
Seattle WA 98112-3718

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 2 / 1 4 / 2 0 0 6

Transaction ID: 30DZ4O533555

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Thomas Pheasant

Mailing Address Pennsylvania Retina Specialists Pc
220 Grandview Avenue

City State Zip Code
Camp Hill PA 17011-1740

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 2 / 0 4 / 2 0 0 6

Transaction ID: A5YT0W596305

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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 42 / 68
(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)
C Downey Price

Mailing Address Suite 160
333 N Rivershire Drive

City State Zip Code
Conroe TX 77304-2711

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 ▼ 515.00

Date of Receipt
MM / DD / YYYY
11 / 29 / 2006

Transaction ID: A77G6W458889

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Edward Raab

Mailing Address Department Opth Mount Sinai Med C
1 Gustave L Levy Place Box 1183

City State Zip Code
New York NY 10029-0312

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
12 / 04 / 2006

Transaction ID: A5YT0W169870

Amount of Each Receipt this Period
100.00

Batch Tool - PAC

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

Mailing Address 8333 North Davis Highway

City State Zip Code
Pensacola FL 32514-6050

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
12 / 30 / 2006

Transaction ID: C1B71MEXE4G812

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **965.00**

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

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

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

FOR LINE NUMBER: PAGE 43 / 68
(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)
Kristin Reidy
Mailing Address 2947 Rodeo Park Dr. E
City Santa Fe State NM Zip Code 87505-6303
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 ▼ 740.00
Date of Receipt 12 / 17 / 2006
Transaction ID: 00150-51060122251511
Amount of Each Receipt this Period 125.00
PAC 3rd of 4

B. Full Name (Last, First, Middle Initial)
H Miller Richert
Mailing Address 1750 Pine Street
City Abilene State TX Zip Code 79601-3044
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 12 / 12 / 2006
Transaction ID: DOEVM3558881
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Alexander Glen Rico
Mailing Address 2200 Northwest Myhre
City Silverdale State WA Zip Code 98383-7681
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 / 29 / 2006
Transaction ID: A77G6W865884
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: PAGE 44 / 68
(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)
William Rosenberger
 Mailing Address 105 Hollyhill Drive
 City Petersburg State VA Zip Code 23805-2556
 Date of Receipt 12 / 12 / 2006
Transaction ID: DOEVM3815076
 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 Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 500.00

B. Full Name (Last, First, Middle Initial)
David Rothberg
 Mailing Address 3820 Tampa Road Suite 101
 City Palm Harbor State FL Zip Code 34684-3609
 Date of Receipt 12 / 31 / 2006
Transaction ID: 3TKKNW9HQV851
 Amount of Each Receipt this Period 500.00
 PACWEB GENERATED CONTRIBUTION
 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

C. Full Name (Last, First, Middle Initial)
Gary Rubin
 Mailing Address 7001 W Archer Avenue
 City Chicago State IL Zip Code 60638-2201
 Date of Receipt 12 / 18 / 2006
Transaction ID: DNEZNH869347
 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 Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 250.00

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: PAGE 45 / 68
(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)
Mark Ruchman

Mailing Address 43 Ferry Bridge Road
Box 1446

City Washington State CT Zip Code 06793-1405

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 12 / 23 / 2006
Transaction ID: 00150-83012026548386
Amount of Each Receipt this Period 91.25
PAC 4th of 4

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

Mailing Address 700 West Kent

City Missoula State MT Zip Code 59801-6772

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 02 / 2006
Transaction ID: 82651-44622439146042
Amount of Each Receipt this Period 250.00
PAC 1st of 4

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

Mailing Address 700 West Kent

City Missoula State MT Zip Code 59801-6772

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2006
Transaction ID: 1Q496A814151
Amount of Each Receipt this Period 250.00
PAC 2nd of 4

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: (check only one)	PAGE 46 / 68
	<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) Ralph Sando		Date of Receipt
	Mailing Address 104 Rose Lane		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Haverford	PA	19041-1604
	FEC ID number of contributing federal political committee. C		Transaction ID: 93000-46661013364792
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	PAC 2nd of 4
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Delia Sang		Date of Receipt
	Mailing Address 73 Chatham Street		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Brookline	MA	02446-5451
	FEC ID number of contributing federal political committee. C		Transaction ID: 3PZY8XJWTTM58
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text" value="312.50"/>
Receipt For:		Aggregate Year-to-Date ▼	PACWEB GENERATED CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="4062.50"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) David Schlessinger		Date of Receipt
	Mailing Address 351 Muttontown Road		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2006"/>
	City	State	Zip Code
	Muttontown	NY	11791-2412
	FEC ID number of contributing federal political committee. C		Transaction ID: 1Q496A144970
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="927.50"/>
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 / 68
(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)
Todd Andrew Scott

Mailing Address 1240 Colonial Commons Court

City State Zip Code
Lancaster SC 29720-2200

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 2 / 3 1 / 2 0 0 6

Transaction ID: 21ALFYKL3KQET

Amount of Each Receipt this Period
1000.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Richard Shugarman

Mailing Address Suite 1001
400 N Flagler Drive

City State Zip Code
West Palm Beach FL 33401-4302

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: DNEZNH716398

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Peter Christian Smith

Mailing Address Clearwater Eye and Laser Center
610 Lakeview Road

City State Zip Code
Clearwater FL 33756-3336

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 2 / 0 4 / 2 0 0 6

Transaction ID: A5YT0W194324

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 48 / 68

(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 Solomon

Mailing Address 14999 Health Center Drive Suite 10

City State Zip Code
Bowie MD 20716-1079

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 9 / 2 0 0 6

Transaction ID: A77G6W332185

Amount of Each Receipt this Period

100.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)

Jay Bennett Stallman

Mailing Address Georgia Retina Pc
465 Winn Way Suite 100

City State Zip Code
Decatur GA 30030-1721

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

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 6

Transaction ID: DPNG8Y304148

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)

Jay Bennett Stallman

Mailing Address Georgia Retina Pc
465 Winn Way Suite 100

City State Zip Code
Decatur GA 30030-1721

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

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

Transaction ID: 1Q496A874704

Amount of Each Receipt this Period

365.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

830.00

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 49 / 68
(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 Stamper

Mailing Address Ucsf Department Ophthalmology
10 Koret Way Room K-301

City San Francisco State CA Zip Code 94143-0001

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 12 / 12 / 2006
Transaction ID: DOEV99711793
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Rhoads Stevens

Mailing Address Queens Physician Office Building I
1329 Lusitana Street Suite 209

City Honolulu State HI Zip Code 96813

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 12 / 15 / 2006
Transaction ID: 6K4G4A235953
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Jonathan Stock

Mailing Address 703 14th Street

City Baraboo State WI Zip Code 53913-1538

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 12 / 08 / 2006
Transaction ID: 31KG6H681500
Amount of Each Receipt this Period 250.00
Batch Tool - PAC

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 68
	<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	Date of Receipt MM / DD / YYYY 12 / 18 / 2006
	Mailing Address 338 Alexander Spring Road	Transaction ID: 00150-41767519712448
	City State Zip Code Carlisle PA 17015-9129	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	PAC 3rd of 4
	Name of Employer self: 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) Carl Stout	Date of Receipt MM / DD / YYYY 11 / 30 / 2006
	Mailing Address 4741 S Cochise Drive	Transaction ID: 14918-26554507017135
	City State Zip Code Independence MO 64055-6974	Amount of Each Receipt this Period 91.25
	FEC ID number of contributing federal political committee. C	PAC 3rd of 4
	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	

C.	Full Name (Last, First, Middle Initial) Carl Stout	Date of Receipt MM / DD / YYYY 12 / 30 / 2006
	Mailing Address 4741 S Cochise Drive	Transaction ID: 00150-48081606626511
	City State Zip Code Independence MO 64055-6974	Amount of Each Receipt this Period 91.25
	FEC ID number of contributing federal political committee. C	PAC 4th of 4
	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)	307.50
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 51 / 68
(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)
Scott Strelow
Mailing Address 5770 Club Lane
City Roanoke State VA Zip Code 24018-1004
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 12 / 14 / 2006
Transaction ID: 30DZ4O607615
Amount of Each Receipt this Period 500.00
Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Shigemi Sugiki
Mailing Address 1380 Lusitana Street Suite 714
City Honolulu State HI Zip Code 96813-2443
FEC ID number of contributing federal political committee. **C**
Name of Employer self Occupation Ophthalmologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 12 / 12 / 2006
Transaction ID: DOEVKJ411074
Amount of Each Receipt this Period 1000.00
Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Anne Sumers
Mailing Address 2nd Floor West Wing
1200 E Ridgewood Avenue
City Ridgewood State NJ Zip Code 07450
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 / 2006
Transaction ID: 6NJ20B314723
Amount of Each Receipt this Period 365.00
Batch Tool - PAC

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 68
	(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) Maurice Syrquin	Date of Receipt MM / DD / YYYY 11 / 29 / 2006
	Mailing Address 3414 Oak Grove Avenue	Transaction ID: A77G6W431718
	City State Zip Code Dallas TX 75204-2375	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) Victor Thomas	Date of Receipt MM / DD / YYYY 12 / 18 / 2006
	Mailing Address Suite 111 225 W State Road 434	Transaction ID: DNEZNH364386
	City State Zip Code Longwood FL 32750-4980	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) Lawrence Ulanski	Date of Receipt MM / DD / YYYY 12 / 12 / 2006
	Mailing Address 16903 Sandstone Circle	Transaction ID: DOEVM3234125
	City State Zip Code Macomb MI 48042-1126	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Batch Tool - PAC
	Name of Employer self Occupation self Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	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: PAGE 53 / 68

(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)

Arnoldo Villarreal

Mailing Address Suite 204

1521 South Staples

City

Corpus Christi

State

TX

Zip Code

78404-3157

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
12 / 19 / 2006

Transaction ID: 00150-47651308774948

Amount of Each Receipt this Period

125.00

PAC 4th of 4

B.

Full Name (Last, First, Middle Initial)

Mark Volpicelli

Mailing Address Suite 100

1174 Castro Street

City

Mountain View

State

CA

Zip Code

94040-2572

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
12 / 19 / 2006

Transaction ID: 00150-95661562681199

Amount of Each Receipt this Period

91.25

PAC 3rd of 4

C.

Full Name (Last, First, Middle Initial)

Bruce Weinberger

Mailing Address 700 Quail Creek Drive

City

Amarillo

State

TX

Zip Code

79124-1607

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
12 / 18 / 2006

Transaction ID: DNEZNH737887

Amount of Each Receipt this Period

300.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional)

516.25

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 54 / 68
	<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) Gary Weiner		Date of Receipt
	Mailing Address 18 Crestview Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 8 / 2 0 0 6
	City	State	Zip Code
	Salina	KS	67401-3586
	FEC ID number of contributing federal political committee. C		Transaction ID: DNEZQI480748
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Joseph Weinstein		Date of Receipt
	Mailing Address 4212 Hempstead Turnpike		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 9 / 2 0 0 6
	City	State	Zip Code
	Bethpage	NY	11714-5723
	FEC ID number of contributing federal political committee. C		Transaction ID: 1PWLQ0351958
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 100.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 350.00	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Peter Whitted		Date of Receipt
	Mailing Address Midwest Eye Care 4353 Dodge Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 8 / 2 0 0 6
	City	State	Zip Code
	Omaha	NE	68131
	FEC ID number of contributing federal political committee. C		Transaction ID: 6NJ20B793238
Name of Employer self		Occupation	Amount of Each Receipt this Period
self		Ophthalmologist	<input type="text"/> 1000.00
Receipt For:		Aggregate Year-to-Date ▼	Batch Tool - PAC
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 2000.00	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2100.00
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 55 / 68
(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)
Juliann Williams

Mailing Address 12100 Southeast Stevens Court Suit

City State Zip Code
Portland OR 97086-4707

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
12 / 23 / 2006

Transaction ID: HEB87QBJ20GT02

Amount of Each Receipt this Period
300.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Arthur Willis

Mailing Address Suite 200
2727 Gramercy Street

City State Zip Code
Houston TX 77025-1716

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
12 / 08 / 2006

Transaction ID: 31KG6H673619

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address 102 East Avenue

City State Zip Code
Norwalk CT 06851-5010

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
12 / 08 / 2006

Transaction ID: 31KG6H494764

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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 / 68
(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 Zaidman

Mailing Address Westchester Med Center
Macy Pavilion Room 1100

City Valhalla State NY Zip Code 10595

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

Name of Employer self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 6

Transaction ID: A5YTOW775863

Amount of Each Receipt this Period 150.00

Batch Tool - PAC

B.

Full Name (Last, First, Middle Initial)
Carol Ziel

Mailing Address McKinley and Ziel Ophthalmology
2025 Frontis Plaza Boulevard Suite

City Winston Salem State NC Zip Code 27103

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 ▼ 855.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 6

Transaction ID: 31KG6H159283

Amount of Each Receipt this Period 125.00

Batch Tool - PAC

C.

Full Name (Last, First, Middle Initial)
Kent Zocchi

Mailing Address Suite 200
9800 Life Drive

City Little Rock State AR Zip Code 72205-6243

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 ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: 6NJ20B248227

Amount of Each Receipt this Period 500.00

Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) ▶ **775.00**

TOTAL This Period (last page this line number only) ▶ **54833.75**

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

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

FOR LINE NUMBER: PAGE 57 / 68
(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)
Union Bank
Mailing Address 400 California Street
City San Francisco State CA Zip Code 94104
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 672.59
Date of Receipt MM / DD / YYYY 11 / 30 / 2006
Transaction ID: 1581180612066009258
Amount of Each Receipt this Period 55.53
MM interest 11/06

B. Full Name (Last, First, Middle Initial)
Union Bank
Mailing Address 400 California Street
City San Francisco State CA Zip Code 94104
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 672.59
Date of Receipt MM / DD / YYYY 12 / 31 / 2006
Transaction ID: 9256660701263599984
Amount of Each Receipt this Period 53.71
MM interest 12/06

SUBTOTAL of Receipts This Page (optional) ► 109.24
TOTAL This Period (last page this line number only) ► 109.24

**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 58 / 68

<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 charges 11/06 Candidate Name	Transaction ID: 6521800612066013267 Date of Disbursement 11 / 30 / 2006 <hr/> Amount of Each Disbursement this Period 1846.50
B. 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 charges 12/06 Candidate Name	Transaction ID: 5113110701263607080 Date of Disbursement 12 / 31 / 2006 <hr/> Amount of Each Disbursement this Period 1914.83

SUBTOTAL of Disbursements This Page (optional) ►

3761.33

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

3761.33

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

<p>A. Full Name (Last, First, Middle Initial) Bilirakis for Congress</p> <p>Mailing Address 610 S. Boulevard</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Gus Michael Bilirakis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: FL District: 09</p>	<p>Transaction ID: 4887350701193790112</p> <p>Date of Disbursement 12 / 31 / 2006</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Committee To Re-Elect Vito Fossella</p> <p>Mailing Address 34 Dumont Avenue 34 Dumont Ave</p> <p>City Staten Island State NY Zip Code 10305</p> <p>Purpose of Disbursement 2006 Debt Retirement (General Election)</p> <p>Candidate Name Vito J. Fossella, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Debt Retire-Gen</p> <p>State: NY District: 13</p>	<p>Transaction ID: 8356090612123409566</p> <p>Date of Disbursement 12 / 12 / 2006</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Byron Dorgan</p> <p>Mailing Address PO Box 871</p> <p>City Bismarck State ND Zip Code 58502</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Byron L. Dorgan</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ND District:</p>	<p>Transaction ID: 5302950612043306968</p> <p>Date of Disbursement 12 / 04 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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) Friends of Charlie Wilson Mailing Address PO Box 61 City St. Clairsville State OH Zip Code 43950 Purpose of Disbursement 2006 Debt Retirement (Primary Election)	Transaction ID: 2108770612043322681 Date of Disbursement 12 / 04 / 2006	Amount of Each Disbursement this Period 2500.00
	Candidate Name Charles A. Wilson, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Debt Retire-Pri	Category/ Type 011	
B.	Full Name (Last, First, Middle Initial) Friends of Sherrod Brown Mailing Address PO Box 76187 Suite 800 City Washington State DC Zip Code 20013 Purpose of Disbursement 2006 Debt Retirement (General Election)	Transaction ID: 0659900612043311826 Date of Disbursement 12 / 04 / 2006	Amount of Each Disbursement this Period 5000.00
	Candidate Name Sherrod Brown Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Debt Retire-Gen	Category/ Type 011	
C.	Full Name (Last, First, Middle Initial) Gingrey for Congress Mailing Address PO Box U City Marietta State GA Zip Code 30060 Purpose of Disbursement 2006 Debt Retirement	Transaction ID: 0513660701193227318 Date of Disbursement 12 / 12 / 2006	Amount of Each Disbursement this Period 4000.00
	Candidate Name John Phillip Gingrey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Debt Retirement	Category/ Type 011	

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

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) Gingrey for Congress	Transaction ID: 2304040612123413517
	Mailing Address PO Box U	Date of Disbursement 12 / 13 / 2006
	City Marietta State GA Zip Code 30060	Amount of Each Disbursement this Period -4000.00
	Purpose of Disbursement void ck reported on 12/12/06	011 Category/ Type
	Candidate Name John Phillip Gingrey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Debt Retirement

B.	Full Name (Last, First, Middle Initial) Glacier Pac	Transaction ID: 0223810612043317196
	Mailing Address 236 Massachusetts Avenue, NE Suite 603	Date of Disbursement 12 / 04 / 2006
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 2006 Contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

C.	Full Name (Last, First, Middle Initial) Hawkeye Pac, the	Transaction ID: 7739110701193735121
	Mailing Address PO Box 7255	Date of Disbursement 12 / 31 / 2006
	City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period -1000.00
	Purpose of Disbursement 2006 Contribution	011 Category/ Type
	Candidate Name	
	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)	0.00
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) McCaskill for Missouri <hr/> Mailing Address 607 14th Street NW Suite 800 <hr/> City Washington State DC Zip Code 20005 Purpose of Disbursement 2006 Debt Retirement (General Election) Candidate Name Claire McCaskill Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Debt Retire-Gen	Transaction ID: 0973890612043320418 Date of Disbursement 12 / 04 / 2006
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Debt Retire-Gen
B. Full Name (Last, First, Middle Initial) Montanans for Tester <hr/> Mailing Address PO Box 1135 <hr/> City Helena State MT Zip Code 59624 Purpose of Disbursement 2006 Debt Retirement (General Election) Candidate Name Jon Tester Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Debt Retire-Gen	Transaction ID: 1225790612043314740 Date of Disbursement 12 / 04 / 2006
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Debt Retire-Gen
C. Full Name (Last, First, Middle Initial) Nathan Deal for Congress <hr/> Mailing Address PO Box 902 PO Box 902 <hr/> City Gainesville State GA Zip Code 30503 Purpose of Disbursement 2006 Primary Candidate Name Nathan Deal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2703450701193667245 Date of Disbursement 12 / 31 / 2006
	Amount of Each Disbursement this Period -2500.00
	Category/ Type 011
	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER: (check only one)

<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) People for English	Transaction ID: 7710940612194909432
	Mailing Address PO Box 1940	Date of Disbursement 12 / 19 / 2006
	City Erie State PA Zip Code 16507	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement 2006 Debt Retirement (General Election)	011 Category/ Type
	Candidate Name Phil English	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Debt Retire-Gen

B.	Full Name (Last, First, Middle Initial) Republican National Committee	Transaction ID: 4071360701193752610
	Mailing Address 310 First Street SE	Date of Disbursement 12 / 31 / 2006
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period -5000.00
	Purpose of Disbursement 2006 Contribution	011 Category/ Type
	Candidate Name	
	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) Talent for Senate Committee	Transaction ID: 1780150701193713420
	Mailing Address 9467 Dielman Rock Island Drive	Date of Disbursement 12 / 31 / 2006
	City Saint Louis State MO Zip Code 63132	Amount of Each Disbursement this Period -2000.00
	Purpose of Disbursement 2006Primary	011 Category/ Type
	Candidate Name James Matthes Talent	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	-4000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 68

<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)
Wally Herger for Congress Committee

Mailing Address PO Box 1500

City State Zip Code
Chico CA 95927

Purpose of Disbursement
2006 General

Candidate Name
Wally Herger

Office Sought: House
 Senate
 President

State: CA District: 02

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 4664690701193779070

Date of Disbursement

1 2 / 3 1 / 2 0 0 6

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

13500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 68

<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)

Alan Solinsky

Transaction ID: 47256-30680483579635

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	0	6

Mailing Address 1013 Farmington Avenue

City State Zip Code
West Hartford CT 06107-2181

Amount of Each Disbursement this Period

365.00

Purpose of Disbursement
Duplicate Form Processed

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

365.00

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

365.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 66 / 68
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sandler Innocenzi			Nature of Debt (Purpose): Radio Ads supporting John Sullivan
Mailing Address 705 Prince St			
City Alexandria	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period		Transaction ID: 47266-30680183579632	
3330.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	3330.00	0.00	

1) SUBTOTALS This Period This Page (optional).....	0.00
2) TOTALS This Period (last page this line number only).....	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)	FEC IDENTIFICATION NUMBER C C00196246
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
Sandler Innocenzi

Mailing Address
705 Prince St.

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Radio ads	Category/ Type
-------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Rep. John Sullivan

Calendar Year-To-Date Per Election for Office Sought	30840.00
--	----------

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

Amount
3250.00

Transaction ID: V5007390612115703188

Office Sought: House State: OK
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2006

Full Name (Last, First, Middle, Initial) of Payee
Sandler Innocenzi

Mailing Address
705 Prince St.

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Expenditure Radio Ads	Category/ Type
-------------------------------------	-------------------

Name of Federal Candidate supported or Opposed by expenditure:
Rep. John Sullivan

Calendar Year-To-Date Per Election for Office Sought	30840.00
--	----------

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

Amount
80.00

Transaction ID: V5036280612115718891

Office Sought: House State: OK
 Senate District: 01
 Presidential

Check One: Support Oppose

Disbursement For: Primary General
 Other (specify) : _____
2006

(a) SUBTOTAL of Itemized Independent Expenditures	3330.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3330.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Benjamin Bank
Signature

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

Image# 28991690825

Form/Schedule: **F3XA**

Transaction ID:

This amended report is being filed in response to the Committee's 8/1/08 letter to AAO Inc Political Committee (OPHTHPAC). The Contribution Made disclosed on Sch B Line 23 to People for English is designated for 2006 Debt Retirement (General Election).
