

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) 655 Beach Street
 Check if different than previously reported. (ACC)
San Francisco CA 94109

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 07 2006 in the State of _____

5. Covering Period 10 19 2006 through 11 27 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 12 07 2006

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 7 |

| | | | |
|---|---|---|---|
| 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 | 489728.08 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 197736.70 | 786454.10 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 687464.78 | 1322320.60 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 41747.51 | 676603.33 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 645717.27 | 645717.27 | | | | | | | | |
| 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) | 3330.00 | | | | | | | | | |

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 | 0 |

| | |
|---|---|
| D | D |
| 1 | 9 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 1 | 1 |

| | |
|---|---|
| D | D |
| 2 | 7 |

| | | | |
|---|---|---|---|
| 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 | 175240.00 | 688603.00 |
| (i) Itemized (use Schedule A) | 22437.50 | 96737.75 |
| (ii) Unitemized | 197677.50 | 785340.75 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 197677.50 | 785340.75 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 59.20 | 1113.35 |
| 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)) | 197736.70 | 786454.10 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 197736.70 | 786454.10 |

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..... | 1372.51 | 9843.33 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 1372.51 | 9843.33 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 12500.00 | 603500.00 |
| 24. Independent Expenditure (use Schedule E) | 27510.00 | 62530.00 |
| 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 | 730.00 |
| (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 | 730.00 |
| 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)).. | 41747.51 | 676603.33 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 41747.51 | 676603.33 |

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 | 197677.50 | 785340.75 |
| 34. Total Contribution Refunds (from Line 28(d)) | 365.00 | 730.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 197312.50 | 784610.75 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 1372.51 | 9843.33 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1372.51 | 9843.33 |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 156 |
| | <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)

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Jack Aaron | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 3 / 2 0 0 6 |
| Mailing Address Desert Eye Associates Ltd 1110 N El Dorado Place | | Transaction ID: G9UPGT486423 |
| City Tucson | State AZ | Zip Code 85715 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 365.00 |
| Name of Employer self self | Occupation Ophthalmologist | Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Robert Abel | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address Concord Plaza Naamans Building 3501 Silverside Road | | Transaction ID: G9V150135342 |
| City Wilmington | State DE | Zip Code 19810 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| 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 ▼ 500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Stacey Ackerman | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address Suite 302 1113 Hospital Drive | | Transaction ID: G9UQWD781506 |
| City Willingboro | State NJ | Zip Code 08046-1130 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer self self | Occupation Ophthalmologist | Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|---|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 156 |
| | <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) Eric Adams | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address Suite 1300 880 Kempsville Road | | Transaction ID: G9V130624180 |
| City Norfolk State VA Zip Code 23502-3931 | | Amount of Each Receipt this Period 365.00 |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC |
| Name of Employer self self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 730.00 | |

| | | |
|---|------------------------------------|---|
| B. Full Name (Last, First, Middle Initial) Marwa Adi | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 3536 Reservoir Road Northwest | | Transaction ID: G7QGAY049521 |
| City Washington State DC Zip Code 20007-2336 | | Amount of Each Receipt this Period 365.00 |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC |
| Name of Employer self self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|---|------------------------------------|---|
| C. Full Name (Last, First, Middle Initial) Ashim Aggarwal | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6 |
| Mailing Address 1800 Bramble Drive | | Transaction ID: 6OQDT4158132 |
| City East Lansing State MI Zip Code 48823-1730 | | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC |
| Name of Employer self self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

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

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 156 |
| | <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) Chad Anderson | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address Suite 1 1811 W Royal Hunte Drive | | Transaction ID: G9V130614645 |
| City State Zip Code Cedar City UT 84720-8274 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC |
| Name of Employer self self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Steven Anderson | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 |
| Mailing Address 6525 Baycliffe Drive | | Transaction ID: AM2MUM849467 |
| City State Zip Code Excelsior MN 55331-7555 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC |
| Name of Employer self self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) William Andreoni | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 |
| Mailing Address 1524 Atwood Avenue #240 | | Transaction ID: 201GKW956385 |
| City State Zip Code Johnston RI 02919-3228 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC |
| Name of Employer self self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Manek Anklesaria | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 | |
| Mailing Address 2325 S Harvard Avenue Suite 307 | | Transaction ID: G9UTMS261333 | |
| City State Zip Code Tulsa OK 74114-3307 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. John Armstrong | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 | |
| Mailing Address 1590 Darling Street | | Transaction ID: 1YIE17392855 | |
| City State Zip Code Ogden UT 84403-0445 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Barbara Arnold | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address Suite 201 7275 East Southgate Drive | | Transaction ID: G9UIVG695328 | |
| City State Zip Code Sacramento CA 95823-2629 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 / 156 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Joe Arterberry | | Date of Receipt MM / DD / YYYY 10 / 31 / 2006 |
| Mailing Address Suite 110 224 E Broadway | | Transaction ID: G9V130011870 |
| City Louisville | State KY | Zip Code 40202-2016 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer self | Occupation Ophthalmologist | 92 Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. William Atkins | | Date of Receipt MM / DD / YYYY 11 / 07 / 2006 |
| Mailing Address 150 Market Hills Drive | | Transaction ID: 14918-23922365903854 |
| City Boone | State NC | Zip Code 28607-3678 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 91.25 |
| Name of Employer self | Occupation Ophthalmologist | PAC 3rd of 4 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 523.75 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. William Atkins | | Date of Receipt MM / DD / YYYY 11 / 08 / 2006 |
| Mailing Address 150 Market Hills Drive | | Transaction ID: 201H68176273 |
| City Boone | State NC | Zip Code 28607-3678 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer self | Occupation Ophthalmologist | 92 Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 523.75 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 841.25 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 156 |
| | <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)
Steven Bagan

Mailing Address 4344 20th Avenue S

City State Zip Code
Fargo ND 58103-4434

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 7CRA8H126812

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Sterling Baker

Mailing Address Suite 101
14000 N Portland Avenue

City State Zip Code
Oklahoma City OK 73134-4004

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 1OWS7F1OPU9GP

Amount of Each Receipt this Period
500.00

92 PACWEB GENERATED CONTR-
IBUTION

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

Mailing Address 2900 N Fillmore Street

City State Zip Code
Little Rock AR 72207-2813

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

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

Transaction ID: G7QGJM213840

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 156 |
| | <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)
Gregg Barnett

Mailing Address 620 N Broad Street

City State Zip Code
Woodbury NJ 08096-1795

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

Name of Employer self
Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 7CRA8H526543

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Wayne Barber

Mailing Address Suite 201
295 Stoner Avenue

City State Zip Code
Westminster MD 21157-5637

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

Name of Employer self
Occupation
self Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 931JFR743853

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Neal Barney

Mailing Address Department of Ophthalmology
600 Highland Avenue

City State Zip Code
Madison WI 53792-0001

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 0 / 2 4 / 2 0 0 6

Transaction ID: G9UQWD895466

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 156 |
| | <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)
Charles Barr

Mailing Address Department Opth/Univ Louisville
301 E Muhammad Ali Boulevard

City State Zip Code
Louisville KY 40202-1594

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 / 0 8 / 2 0 0 6

Transaction ID: 201H68727144

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
J Bronwyn 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 ▼
365.00

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

Transaction ID: 14918-56333559751511

Amount of Each Receipt this Period
91.25

PAC 4th of 4

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

Mailing Address 17560 W Highway 441

City State Zip Code
Mount Dora FL 32757-6711

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

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

Transaction ID: 1YIE17534488

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 14 / 156 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|--|--|--|
| A. Full Name (Last, First, Middle Initial) Richard Beauchemin Mailing Address Suite 403 70 Westcare Drive City State Zip Code Sylva NC 28779-5279 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 Transaction ID: 352WJP878975 Amount of Each Receipt this Period 365.00 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 | | |

| | | |
|--|--|--|
| B. Full Name (Last, First, Middle Initial) Hilary Beaver Mailing Address 200 Hawkins Drive City State Zip Code Iowa City IA 52242-1009 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: G7QG8Y621574 Amount of Each Receipt this Period 500.00 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 | | |

| | | |
|---|--|--|
| C. Full Name (Last, First, Middle Initial) C Joseph Beck Mailing Address Eye Clinic of Wichita 655 North Woodlawn City State Zip Code Wichita KS 67208 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 Transaction ID: G67C8G346246 Amount of Each Receipt this Period 365.00 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) | ▶ | 1230.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Full Name (Last, First, Middle Initial)
Robert Behar

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 ▼ 365.00

Date of Receipt
11 / 20 / 2006

Transaction ID: 352WJP483110

Amount of Each Receipt this Period
365.00

Batch Tool - PAC refunded
11.22.06

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

Mailing Address 156 Thornberry Lane

City Rensselaer State NY Zip Code 12144-8448

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
10 / 20 / 2006

Transaction ID: G9UJXO367806

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Dominick Benedetto

Mailing Address 124 Avenue B

City Bayonne State NJ Zip Code 07002-2033

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 20 / 2006

Transaction ID: 352WDO313399

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. James Bennett | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 |
| Mailing Address Bennett Ophthalmology Group 2475 5th St. N | | Transaction ID: G7QGJM110333 |
| City Columbus State MS Zip Code 39705-2005 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation Ophthalmologist | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 500.00 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Joseph Bentivegna | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 541 Cromwell Avenue | | Transaction ID: G9UQWD322769 |
| City Rocky Hill State CT Zip Code 06067-1805 | Amount of Each Receipt this Period 350.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation Ophthalmologist | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 350.00 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Gregg Berdy | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 8 / 2 0 0 6 |
| Mailing Address Suite 386 456 N New Ballas Road | | Transaction ID: 1P7I6KZRWU9GP |
| City Creve Coeur State MO Zip Code 63141-6846 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | 92 PACWEB GENERATED CONTR- IBUTION | |
| 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 ▼ 730.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 1215.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 156 |
| | <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)
Stanley Berke

Mailing Address Floor 3 Attn: MS Cicero
360 Merrick Road

City Lynbrook State NY Zip Code 11563-2500

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

Transaction ID: 931JFR714144

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

B. 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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: G9V130736391

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

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

Mailing Address 9630 N Kenton Avenue

City Skokie State IL Zip Code 60076-1216

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

Transaction ID: 201H68271876

Amount of Each Receipt this Period
365.00

92 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

A. Full Name (Last, First, Middle Initial)
Daniel Bernstein

Mailing Address Suite 204
451 Ruin Creek Road

City Henderson State NC Zip Code 27536-5920

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 / 17 / 2006

Transaction ID: AM2NDH349960

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Charles Birnbach

Mailing Address Suite 200
2821 Northup Way

City Bellevue State WA Zip Code 98004-1496

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 07 / 2006

Transaction ID: 201GKW823215

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Jerry Blair

Mailing Address Building 5-B
201 W Broadway

City Columbia State MO Zip Code 65203-3842

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 ▼ 350.00

Date of Receipt
11 / 07 / 2006

Transaction ID: 201GKW344821

Amount of Each Receipt this Period
100.00

92 Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1100.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. David Bogorad | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 | |
| Mailing Address 2509 Walton Way | | Transaction ID: 14918-81800478696823 | |
| City State Zip Code Augusta GA 30904-4561 | 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 | Aggregate Year-to-Date ▼ 365.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Stanley Braverman | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 1935 E Hallandale Beach Boulevard | | Transaction ID: G67C8G868492 | |
| City State Zip Code Hallandale Beach FL 33009-4708 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Thomas Brewington | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 807 Summit Avenue | | Transaction ID: 931JFR267732 | |
| City State Zip Code Greensboro NC 27405-7833 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 821.25 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 20 / 156 |
| | (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)

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) A. Jon Philip Brisley | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 6522 Fairway Forest Drive | | Transaction ID: G7QGJM634826 | |
| City State Zip Code Roanoke VA 24018-7446 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. Todd Brockman | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address Suite 403 2000 S Wheeling Avenue | | Transaction ID: G9V2IM435763 | |
| City State Zip Code Tulsa OK 74104-5641 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 615.00 | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mark Brower | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 | |
| Mailing Address 504 Willabay Drive | | Transaction ID: 1YIE17914210 | |
| City State Zip Code Williams Bay WI 53191-9627 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 2000.00 | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 156 |
| | <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)
Donna Dodson Brown

Mailing Address 4500 Coventry Road

City Richmond State VA Zip Code 23221-3104

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 07 / 2006

Transaction ID: 201GKW372516

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

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

Mailing Address Suite A
2500 Lakeland Drive

City Flowood State MS Zip Code 39232-7641

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 / 01 / 2006

Transaction ID: G9V28U039043

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Alexander Brucker

Mailing Address 51 N 39th Street

City Philadelphia State PA Zip Code 19104-2640

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 / 13 / 2006

Transaction ID: G67C9Y620655

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 156 |
| | <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) Russ Burcham | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 |
| Mailing Address Suite 223 750 Potomac | | Transaction ID: 201GKW457786 |
| City Aurora State CO Zip Code 80011-6744 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Frank Burns | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 1 / 2 0 0 6 |
| Mailing Address 5135 Dixie Highway Suite 15 | | Transaction ID: 14918-81122988462448 |
| City Louisville State KY Zip Code 40216-1771 | 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Mark Cabin | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 |
| Mailing Address Suite 120 1555 N Barrington Road | | Transaction ID: 352WDO025842 |
| City Hoffman Estates State IL Zip Code 60169-1019 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00 | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Moiz Carim | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6 | |
| Mailing Address 2630 Westview Drive | | Transaction ID: 18954-81457155942917 | |
| 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 3rd of 4 | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 273.75 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Douglas Carlson | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 | |
| Mailing Address Suite 100 1719 Tower Dr. W | | Transaction ID: AM2NDH518473 | |
| City State Zip Code Stillwater MN 55082-7512 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Kent Carlson | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 | |
| Mailing Address 3401 S Broadway | | Transaction ID: 7CRA8H625797 | |
| City State Zip Code Alexandria MN 56308-3477 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 750.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 841.25 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Roger Carlson | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 | |
| Mailing Address Redwood Eye Center 2852 Redwood Parkway | | Transaction ID: G67C9Y833746 | |
| City Vallejo | State CA | Zip Code 94591 | Amount of Each Receipt this Period 125.00 |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Jimmy Carter | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address 102 Doctors Drive | | Transaction ID: G9V28U631326 | |
| City Dothan | State AL | Zip Code 36301-2911 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Craig Cassidy | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 7465 E San Miguel | | Transaction ID: 352WDO751659 | |
| City Scottsdale | State AZ | Zip Code 85250-6465 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 875.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 875.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 156 |
| | <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)
Stephen Cassis

Mailing Address 301 49th Street Southeast

City Charleston State WV Zip Code 25304-1909

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 07 / 2006

Transaction ID: 201GKW518580

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Betty Cervenak

Mailing Address 203 Palisade Avenue

City Jersey City State NJ Zip Code 07306-1112

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
10 / 23 / 2006

Transaction ID: G9UPL5833428

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

Mailing Address 10 W Hanover Avenue

City Randolph State NJ Zip Code 07869-4221

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 08 / 2006

Transaction ID: 201H68266388

Amount of Each Receipt this Period
300.00

92 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) David Chang | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address Suite 1 762 Altos Oaks Drive | | Transaction ID: G9V28U533516 |
| City State Zip Code Los Altos CA 94024-5435 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 2000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Joseph Chappell | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 610 Brunson Drive | | Transaction ID: G9V150321431 |
| City State Zip Code Tupelo MS 38801-4947 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 730.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Andrew Chen | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 |
| Mailing Address Suite D 1617 St. Marks Plaza | | Transaction ID: G7QGJM605755 |
| City State Zip Code Stockton CA 95207-6423 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2365.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 27 / 156 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. James Chodosh | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address Dean McGee Eye Institute - Ouhsc 608 Stanton L Young Boulevard | | Transaction ID: G9V150614758 |
| City Oklahoma City State OK Zip Code 73104 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Jonathan Christenbury | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address Suite 100 3621 Randolph Road | | Transaction ID: G9V130177375 |
| City Charlotte State NC Zip Code 28211-1317 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Donald Cinotti | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 |
| Mailing Address 600 Pavonia Avenue Sixth Floor | | Transaction ID: 1DG9UTPK5J73P1 |
| City Jersey City State NJ Zip Code 07306-2932 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | PACWEB GENERATED CONTRIBUTION |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00 | |

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 156 |
| | <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)
Thomas Ciulla

Mailing Address Macula-Retina-Vitreous Divide/Midw
201 Pennsylvania Parkway

City Indianapolis State IN Zip Code 46280-2301

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 931JFR563544

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

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

Mailing Address Suite 207
2595 Harbor Boulevard

City Port Charlotte State FL Zip Code 33952-6731

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

Transaction ID: 1UBTOP7VDIY1V

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBU-TION

C. Full Name (Last, First, Middle Initial)
Carl Clavenna

Mailing Address Clavenna Vision Institute
600 S Adams Road Suite 200

City Birmingham State MI Zip Code 48009-6861

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 0 / 2 5 / 2 0 0 6

Transaction ID: 1P12RI2ORU9G2

Amount of Each Receipt this Period
250.00

92 PACWEB GENERATED CONTR-IBUTION

| | |
|--|----------------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Douglas Clements | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 |
| Mailing Address 521 East Elder Street Suite 102 | | Transaction ID: 352WJP688474 |
| City State Zip Code Fallbrook CA 92028-3082 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mark Coffman | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 3811 Sagebriar Drive | | Transaction ID: G9V150394722 |
| City State Zip Code Bryan TX 77802-6107 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 865.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Ben Zane Cohen | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 140 E 80th Street | | Transaction ID: G9UIVG664600 |
| City State Zip Code New York NY 10021-0306 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1730.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 / 156 |
| | <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)
Leon Cohn

Mailing Address Suite 100
499 Northwest 70th Avenue

City State Zip Code
Plantation FL 33317-7572

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 0 / 2 0 0 6

Transaction ID: 352WJP769185

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 5363 Balboa Boulevard Suite 545

City State Zip Code
Encino CA 91316-2854

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

Name of Employer self Occupation
self Ophthalmologist

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

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

Transaction ID: 201GKW957145

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite 300
4306 Harding Road

City State Zip Code
Nashville TN 37205-2286

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 / 1 0 / 2 0 0 6

Transaction ID: 931JFR287487

Amount of Each Receipt this Period
400.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1130.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 31 / 156 |
| <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 Cotter | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 | |
| Mailing Address Vistar Eye Center PO Box 1789 | | Transaction ID: 201GKW020868 | |
| City Roanoke | State VA | Zip Code 24008-1789 | Amount of Each Receipt this Period 365.00 |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 865.00 | | |

| | | | |
|--|--|---|--|
| B. Full Name (Last, First, Middle Initial) Marianne Cowley | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 | |
| Mailing Address Suite 2 3103 Breckenridge Lane | | Transaction ID: G9UQTL474436 | |
| City Louisville | State KY | Zip Code 40220-2798 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|--|--|---|--|
| C. Full Name (Last, First, Middle Initial) Kent Crews | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 | |
| Mailing Address 3615 Rocky Stream Drive | | Transaction ID: 7CRA8H643816 | |
| City Fort Collins | State CO | Zip Code 80528-7173 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00 | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 / 156 |
| | <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) Luis Cruz | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 |
| Mailing Address Edificio Medico Iv Dr. Basora 55N Suite 109 | | Transaction ID: 201H68436448 |
| City Mayaguez State PR Zip Code 00680 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) John Dagianis | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 5 Coliseum Avenue | | Transaction ID: G9UIVG804373 |
| City Nashua State NH Zip Code 03063-3206 | Amount of Each Receipt this Period 600.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 600.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Edgar Dapremont | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 2 / 2 0 0 6 |
| Mailing Address PO Box 6545 | | Transaction ID: 14918-50503176450729 |
| City Gulfport State MS Zip Code 39506-6545 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | PAC 3rd of 4 | |
| Name of Employer self Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 750.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1350.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 34 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Robert Deitch | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 | |
| Mailing Address 3583 Brumley Way | | Transaction ID: 1YIE17736332 | |
| City State Zip Code Carmel IN 46033-3017 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Michael Deitz | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 475 Bradley Boulevard | | Transaction ID: G9UIVG884928 | |
| City State Zip Code Richland WA 99352-4419 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. James Dew | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 | |
| Mailing Address Suite 300A 2200 Northlake Parkway | | Transaction ID: 6NJ18D747764 | |
| City State Zip Code Tucker GA 30084-4002 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1115.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 / 156 |
| | <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)
Christopher Dickens

Mailing Address Suite 103
491 30th Street

City State Zip Code
Oakland CA 94609-3235

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: G9UZS0663689

Amount of Each Receipt this Period
300.00

92 Batch Tool - PAC

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

Mailing Address 1201 E Paseo Pavon

City State Zip Code
Tucson AZ 85718-2810

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 0 / 2 4 / 2 0 0 6

Transaction ID: G9UQTL028677

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Steven Dingeldein

Mailing Address Alamance Eye Center
1214 Vaughn Road

City State Zip Code
Burlington NC 27217

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 0 / 2 4 / 2 0 0 6

Transaction ID: G9UQWD758122

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1665.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 36 / 156 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) David Diskin | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 6 / 2 0 0 6 |
| Mailing Address Michigan Eye Institute 4499 Town Center Parkway | | Transaction ID: 14918-35664004087448 |
| City Flint State MI Zip Code 48532 | 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 273.75 | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Eric Donnerfeld | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 |
| Mailing Address 2000 North Village Avenue Suite 40 | | Transaction ID: G9UPGT973868 |
| City Rockville Centre State NY Zip Code 11570-1001 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) John Donovan | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address Clay Eye Physicians and Surgeons 2023 Professional Center Drive | | Transaction ID: G9UQTL461848 |
| City Orange Park State FL Zip Code 32073-4461 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00 | |

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

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | |
|---|--|---|------------------|--|
| Full Name (Last, First, Middle Initial) A. James Dooner | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 | | |
| Mailing Address Austin Retina Assoc 801 W 38th Street | | Transaction ID: G67C8G710581 | | |
| City Austin State TX Zip Code 78705 | Amount of Each Receipt this Period 365.00 | | Batch Tool - PAC | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00 | | | |

| | | | | |
|---|--|---|---------------------|--|
| Full Name (Last, First, Middle Initial) B. John Downing | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | | |
| Mailing Address 985 Matlock Road | | Transaction ID: G9V130869175 | | |
| City Bowling Green State KY Zip Code 42104-7408 | Amount of Each Receipt this Period 500.00 | | 92 Batch Tool - PAC | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | | |
|---|--|---|---------------------|--|
| Full Name (Last, First, Middle Initial) C. Louise Doyle | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 | | |
| Mailing Address 2020 Kenny Road | | Transaction ID: G67C9Y387270 | | |
| City Columbus State OH Zip Code 43221-3502 | Amount of Each Receipt this Period 250.00 | | 92 Batch Tool - PAC | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 815.00 | | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 38 / 156 |
| <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 Dugan

Mailing Address 1333 Third Street; #100

City State Zip Code
Corpus Christi TX 78404-2200

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 ▼ 365.00

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

Transaction ID: 1P37PIIWTU9GN

Amount of Each Receipt this Period
365.00

92 PACWEB GENERATED CONTRIBU-TION

B. Full Name (Last, First, Middle Initial)
Omar Dukar

Mailing Address 1020 West Buena Vista Road

City State Zip Code
Evansville IN 47710-5150

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 0 / 3 1 / 2 0 0 6

Transaction ID: G9V130330753

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
George Duncan

Mailing Address # 110A
1220 E Joppa Road

City State Zip Code
Towson MD 21286-5811

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 1UBTOTLVDIY1C

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBU-TION

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1730.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 39 / 156 |
| <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) Eric Dunn Mailing Address 472 Ridge Lane City State Zip Code Mays Landing NJ 08330-1653 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 Transaction ID: 14918-35004824399948 Amount of Each Receipt this Period 91.25 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 | | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) David Durfee Mailing Address 616 Southeast Manchester Place City State Zip Code Portland OR 97202-9012 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 Transaction ID: 1OWSD38SPU9G2 Amount of Each Receipt this Period 500.00 92 PACWEB GENERATED CONTR-IBUTION |
| Name of Employer self Occupation self Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | | |

| | | |
|--|--|--|
| C. Full Name (Last, First, Middle Initial) Robert Dykstra Mailing Address 7232 Engle Road City State Zip Code Fort Wayne IN 46804-2222 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 18954-14429873228073 Amount of Each Receipt this Period 125.00 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) | 716.25 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 40 / 156 |
| | (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)

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Alexander Eaton | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6 |
| Mailing Address Retina Health Center 1567 Hayley Lane Suite 101 | | Transaction ID: G9UUWD831563 |
| City Fort Myers State FL Zip Code 33907 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Robert Malcolm Edwards | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 |
| Mailing Address 1240 Colonial Commons | | Transaction ID: 201H68186682 |
| City Lancaster State SC Zip Code 29720-2200 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Nancy Efferson-Bonachea | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address 37 Barrington Drive | | Transaction ID: 6NJ18D920517 |
| City Bedford State NH Zip Code 03110-5601 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 / 156 |
| | <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)
Randolph Evans

Mailing Address Suite 100
1670 W Main Street

City State Zip Code
Lebanon TN 37087-1345

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 / 13 / 2006

Transaction ID: G67C8G035501

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Warren Fagadau

Mailing Address Suite 216
6131 Luther Lane

City State Zip Code
Dallas TX 75225-6200

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 / 13 / 2006

Transaction ID: G67C8G229423

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 70 Ridge Road

City State Zip Code
North Arlington NJ 07031-6318

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
10 / 19 / 2006

Transaction ID: 18954-06448000669479

Amount of Each Receipt this Period
91.25

PAC 4th of 4

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 / 156 |
| | <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 Felch

Mailing Address 117 Abbotsford Drive

City State Zip Code
Nashville TN 37215-2439

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 14 / 2006

Transaction ID: 14918-73498171567917

Amount of Each Receipt this Period
125.00

PAC 3rd of 4

B. Full Name (Last, First, Middle Initial)
Robert Feldman

Mailing Address 160 Boston Avenue

City State Zip Code
Altamonte Springs FL 32701-4706

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 30 / 2006

Transaction ID: G9UZQ2784122

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Stuart Fine

Mailing Address Scheie Eye Institute
51 N 39th Street

City State Zip Code
Philadelphia PA 19104

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
11 / 08 / 2006

Transaction ID: 201H68772763

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 / 156 |
| | <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) Paul Finger | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 |
| Mailing Address New York Eye Cancer Center 115 East 61st Street | | Transaction ID: G9V28U626815 |
| City New York State NY Zip Code 10021 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 1500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Elliot Finkelstein | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 |
| Mailing Address 1371 Beacon Street #100 | | Transaction ID: G67C8G361713 |
| City Brookline State MA Zip Code 02446-4965 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Keith Fisher | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 |
| Mailing Address 1350 S Main Street Suite 3200 | | Transaction ID: G9UZQ2368127 |
| City Fort Worth State TX Zip Code 76104-7669 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 45 / 156 |
| | <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)
Allen Fishman

Mailing Address 92-29 Queens Boulevard Suite 2I

City State Zip Code
Rego Park NY 11374-1072

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 0 / 3 0 / 2 0 0 6

Transaction ID: G9UZQ2164810

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Elaine Foe

Mailing Address Suite C
1931 65th Avenue

City State Zip Code
Greeley CO 80634-7946

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 0 / 3 1 / 2 0 0 6

Transaction ID: G9V130438344

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Gerald Ford

Mailing Address 2600 South Rural Road

City State Zip Code
Tempe AZ 85282-2448

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 0 / 3 0 / 2 0 0 6

Transaction ID: G9UZS0816706

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|-----|-----------------------------------|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 46 / 156 |
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b |
| <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 11c |
| <input type="checkbox"/> | | <input type="checkbox"/> | 12 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 15 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 16 |
| <input type="checkbox"/> | | <input type="checkbox"/> | 17 |

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

A. Full Name (Last, First, Middle Initial)
Peter Forgach

Mailing Address 405 International Drive

City State Zip Code
Williamsville NY 14221-5725

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

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

Transaction ID: 6OQDT4420326

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Jean Fortin

Mailing Address 2800 Ross Clark Circle Southwest

City State Zip Code
Dothan AL 36301-2017

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 0 / 2 5 / 2 0 0 6

Transaction ID: G9USE3501671

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Brett Taylor Foxman

Mailing Address 1500 Tilton Road

City State Zip Code
Northfield NJ 08225-1827

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: AM2NDH622651

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

| | | |
|--|---|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 / 156 |
| | <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

Mailing Address Nevada Retina Assoc
610 Sierra Rose Drive

City Reno State NV Zip Code 89511

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2006

Transaction ID: 14918-92934817075730

Amount of Each Receipt this Period
125.00

PAC 3rd of 4

B. Full Name (Last, First, Middle Initial)
C Rommel Fuerste

Mailing Address 2140 John F Kennedy Road

City Dubuque State IA Zip Code 52002-3883

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2006

Transaction ID: 6OQDT4298335

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Deborah Fyffe

Mailing Address Suite 110
2601 Laurel Street

City Columbia State SC Zip Code 29204-2034

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2006

Transaction ID: 352WDO874845

Amount of Each Receipt this Period
100.00

92 Batch Tool - PAC

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 590.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Ivan Garcia | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address Suite 100 7008 Security Boulevard | | Transaction ID: G9UQWD981253 |
| City State Zip Code Baltimore MD 21244-2568 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Thomas Gardner | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 |
| Mailing Address Penn State Univ Med Sch/Ophth PO Box 850 | | Transaction ID: 14918-06609743833541 |
| City State Zip Code Hershey PA 17033 | Amount of Each Receipt this Period 125.00 | |
| FEC ID number of contributing federal political committee. C | PAC 3rd of 4 | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 375.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Michel Gelinis | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 |
| Mailing Address 1020 3rd Avenue PO Box 1520 | | Transaction ID: G67C9Y184532 |
| City State Zip Code Woodruff WI 54568-1520 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 49 / 156 |
| <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) Steve Gerber | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 | |
| Mailing Address Suite 210 707 N Michigan Street | | Transaction ID: 931JFR738226 | |
| City State Zip Code South Bend IN 46601-1069 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| B. Full Name (Last, First, Middle Initial) James Gessler | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6 | |
| Mailing Address 1229 E Seminole Street | | Transaction ID: 6OQDT4254419 | |
| City State Zip Code Springfield MO 65804-2227 | | Amount of Each Receipt this Period 2500.00 | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | | Aggregate Year-to-Date ▼ 2500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| C. Full Name (Last, First, Middle Initial) C Mitchell Gilbert | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 | |
| Mailing Address Suite 100 499 Farmington Avenue | | Transaction ID: G7QGAY085924 | |
| City State Zip Code Farmington CT 06032-1943 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 3250.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Jane Gilbert | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 |
| Mailing Address 94082 Hollow Stump Lane | | Transaction ID: G9UPL5434685 |
| City State Zip Code North Bend OR 97459-8570 | 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 | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. James Gills | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address PO Box 5000 43309 US Highway 19 North | | Transaction ID: G9USE3870836 |
| City State Zip Code Tarpon Springs FL 34688-5000 | 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 | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Scott Arnold Glesmann | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address 1800 Highway 95 | | Transaction ID: 6NJ18D785446 |
| City State Zip Code Bullhead City AZ 86442-6803 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Sanjay Goel | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 |
| Mailing Address 5824 Wild Orange Gate | | Transaction ID: G67C8G768786 |
| City State Zip Code Columbia MD 21029-1656 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | 91 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Paul Goldstein | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address Suite 170 2801 W Kinnickinnic Parkway | | Transaction ID: G9V130014824 |
| City State Zip Code Milwaukee WI 53215-3678 | Amount of Each Receipt this Period 100.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Barry Golub | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address Li Vitreo-Retinal Cons 1377 Motor Parkway Suite 1 | | Transaction ID: G7QGAY258473 |
| City State Zip Code Hauppauge NY 11749 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1400.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 52 / 156 |
| | (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)
Bruce Gordon

Mailing Address 170 Maple Avenue

City State Zip Code
White Plains NY 10601-4710

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 / 0 7 / 2 0 0 6

Transaction ID: 201GKW128119

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Lynn Gordon

Mailing Address 100 Stein Plaza

City State Zip Code
Los Angeles CA 90095-7065

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 1 / 1 4 / 2 0 0 6

Transaction ID: 14918-05907839536666

Amount of Each Receipt this Period
91.25

PAC 3rd of 4

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

Mailing Address 31 Kinglet Circle

City State Zip Code
Greensboro NC 27455-1362

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 1 / 1 2 / 2 0 0 6

Transaction ID: 14918-74372500181198

Amount of Each Receipt this Period
91.25

PAC 3rd of 4

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 432.50 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 53 / 156 |
| | <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)
Merrill Greenberger

Mailing Address 9630 Kenton

City State Zip Code
Skokie IL 60076-1216

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 / 06 / 2006

Transaction ID: G7QG8Y956848

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Christopher Greer

Mailing Address Cooper Clinic
PO Box 3528

City State Zip Code
Fort Smith AR 72913-3528

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
10 / 19 / 2006

Transaction ID: 18954-95205324888230

Amount of Each Receipt this Period
125.00

PAC 4th of 4

C. Full Name (Last, First, Middle Initial)
Erich Bryan Groos

Mailing Address Cornea Consultants of Nashville
2011 Murphy Avenue Suite 602

City State Zip Code
Nashville TN 37203

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
MM / DD / YYYY
10 / 27 / 2006

Transaction ID: G9UUWD821427

Amount of Each Receipt this Period
250.00

92 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 / 156 |
| | <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)
Steven Grossnickle

Mailing Address 2251 Dubois Street

City State Zip Code
Warsaw IN 46580-3212

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 201H68133123

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Carter Gussler

Mailing Address Suite 140
613 23rd Street

City State Zip Code
Ashland KY 41101-2876

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 0 / 2 4 / 2 0 0 6

Transaction ID: G9UQTL532111

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address Suite 3
1550 Oak Street

City State Zip Code
Eugene OR 97401-7701

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 0 / 2 5 / 2 0 0 6

Transaction ID: G9USE3086575

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

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

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

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 55 / 156 | | | | | | |
| | (check only one) | | | | | | | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Lealis Hale | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 | |
| Mailing Address White Wilson Medical Center 1005 Mar Walt Drive | | Transaction ID: G67C8G714368 | |
| City Fort Walton Beach | State FL | Zip Code 32547-6796 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|--|---|---|---|
| Full Name (Last, First, Middle Initial) B. John Haley | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 | |
| Mailing Address Suite B 1626 Forest Lane S | | Transaction ID: 6NJ18D733431 | |
| City Garland | State TX | Zip Code 75042-7943 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 2000.00 | | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. Cynthia Hampton | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 | |
| Mailing Address Suite 204 451 Ruin Creek Road | | Transaction ID: AM2NDH398358 | |
| City Henderson | State NC | Zip Code 27536-5920 | Amount of Each Receipt this Period 125.00 |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 625.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1625.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 / 156 |
| | <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)
Dennis Han

Mailing Address the Eye Institute
925 N 87th Street

City Milwaukee State WI Zip Code 53226-4812

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2006

Transaction ID: 1YIE17448644

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

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

Mailing Address 3888 Tuxedo Road

City Atlanta State GA Zip Code 30342-4034

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 13 / 2006

Transaction ID: G67C9Y294761

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

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

Mailing Address Suite 324
1928 Alcoa Highway

City Knoxville State TN Zip Code 37920-1505

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
MM / DD / YYYY
11 / 07 / 2006

Transaction ID: 201GKW907375

Amount of Each Receipt this Period
365.00

92 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Christopher Haupt | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address Iowa Retina Consultants 1501 50th Street Suite 133 | | Transaction ID: 18954-87260073423386 |
| City West Des Moines | State IA | Zip Code 50266 |
| Amount of Each Receipt this Period 91.25 | | PAC 4th of 4 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Jean Hausheer | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 4322 N Hickory Lane | | Transaction ID: G9V150565595 |
| City Kansas City | State MO | Zip Code 64116-1664 |
| Amount of Each Receipt this Period 250.00 | | 92 Batch Tool - PAC |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Robert Haverly | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 |
| Mailing Address Suite 301 311 W 24th Street | | Transaction ID: 201H68484737 |
| City Erie | State PA | Zip Code 16502-2666 |
| Amount of Each Receipt this Period 365.00 | | 92 Batch Tool - PAC |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 730.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 706.25 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 58 / 156 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | | |
|---|-------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Marnix Heersink | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 | |
| Mailing Address 2800 Ross Clark Circle Southwest | | Transaction ID: 201H68125332 | |
| City Dothan | State AL | Amount of Each Receipt this Period 1000.00 | |
| Zip Code 36301-2017 | | 92 Batch Tool - PAC | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Jeffrey Heimer | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 | |
| Mailing Address Heimer Eye Care Assoc Pc 1850 E Park Avenue Suite 304 | | Transaction ID: 201H68713895 | |
| City State College | State PA | Amount of Each Receipt this Period 500.00 | |
| Zip Code 16803-6706 | | 92 Batch Tool - PAC | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Kurt Frederick Heitman | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address Southern Eye Assoc 104 Simpson Street | | Transaction ID: G9V150119862 | |
| City Greenville | State SC | Amount of Each Receipt this Period 365.00 | |
| Zip Code 29605-4413 | | 92 Batch Tool - PAC | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 865.00 | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 59 / 156 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Andrew Henrick | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 |
| Mailing Address 23961 Magdalena Suite 302 | | Transaction ID: G9UKHW502114 |
| City Laguna Hills State CA Zip Code 92653 | 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 Ophthalmologist | Aggregate Year-to-Date ▼ 375.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Andrew Henrick | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 6 |
| Mailing Address 23961 Magdalena Suite 302 | | Transaction ID: 352WDO325687 |
| City Laguna Hills State CA Zip Code 92653 | Amount of Each Receipt this Period 125.00 | |
| FEC ID number of contributing federal political committee. C | 3rd of 4 | |
| Name of Employer self Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 375.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Luis Hernandez | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6 |
| Mailing Address Torre San Pablo 902 68 Calle Santa Cruz | | Transaction ID: G67C9Y603136 |
| City Bayamon State PR Zip Code 00961-7032 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 550.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 60 / 156 |
| | (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)
Bruce Herron

Mailing Address 668 Skyline Drive

City State Zip Code
Jackson TN 38301-3951

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 0 / 3 1 / 2 0 0 6

Transaction ID: G9V150512343

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Stephen Higgins

Mailing Address Kalamazoo Ophthalmology Pc
3412 W Centre Street

City State Zip Code
Portage MI 49024

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 7 / 2 0 0 6

Transaction ID: 6NJ18D737287

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
K Frederick Ho

Mailing Address Suite 102A
1600 W Eau Gallie Boulevard

City State Zip Code
Melbourne FL 32935-4149

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 0 / 3 1 / 2 0 0 6

Transaction ID: G9V150687639

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 61 / 156 |
| | (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)
Elizabeth Hodapp

Mailing Address 245 E Rivo Alto Drive

City State Zip Code
Miami Beach FL 33139-1267

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 201GKW673860

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

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

Mailing Address Suite 410
1890 Highway 157

City State Zip Code
Cullman AL 35058-0689

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 ▼ 800.00

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

Transaction ID: 18954-13096255064010

Amount of Each Receipt this Period
200.00

PAC 4th of 4

C. Full Name (Last, First, Middle Initial)
Marc Holzman

Mailing Address Suite 416
2021 K Street Northwest

City State Zip Code
Washington DC 20006-1003

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 0 / 3 1 / 2 0 0 6

Transaction ID: G9V150195374

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 815.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 / 156 |
| | <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)
Jeffery Hottman

Mailing Address Midwest Eye Care
4353 Dodge Street

City Omaha State NE Zip Code 68131

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
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: G9UPL5479366

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
James Hung

Mailing Address Apt. 1
48 Inman Street

City Cambridge State MA Zip Code 02139-1729

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

Name of Employer Ophthalmic Consultants of Boston Occupation 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 0 / 2 5 / 2 0 0 6

Transaction ID: 1P12PZGNRU9GD

Amount of Each Receipt this Period
365.00

PACWEB GENERATED CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
W Jackson Iliff

Mailing Address Suite 7
4 W Rolling Crossroads

City Catonsville State MD Zip Code 21228-6278

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 1 / 1 7 / 2 0 0 6

Transaction ID: 14918-79967898130417

Amount of Each Receipt this Period
125.00

PAC 2nd of 4

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Edward Isbey | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 6 |
| Mailing Address Asheville Eye Associates 8 Medical Park Drive | | Transaction ID: 14918-18333071470260 |
| City Asheville State NC Zip Code 28803-2493 | 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 Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Michael Jacobs | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address 957 Baxter Street | | Transaction ID: 14918-53675478696823 |
| City Athens State GA Zip Code 30606-3754 | 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 Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Richard Jahnle | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 |
| Mailing Address 152 Brooke Farm Road | | Transaction ID: 201GKW692324 |
| City St. Davids State PA Zip Code 19087-4755 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 750.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 466.25 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 64 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Robert Janigian | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 158 Meshanticut Valley Parkway | | Transaction ID: 19084-97756594419480 |
| City State Zip Code Cranston RI 02920-3964 | Amount of Each Receipt this Period 125.00 | |
| FEC ID number of contributing federal political committee. C | PAC 3rd of 4 | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 375.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Leonard Joffe | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address St. Joseph's Medical Plaza 6561 East Carondelet Drive | | Transaction ID: G7QGAY144164 |
| City State Zip Code Tucson AZ 85710 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 730.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Gordon Johns | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 |
| Mailing Address Pacific Cataract and Laser Inst 2517 Northeast Kresky Road | | Transaction ID: 201GKW076762 |
| City State Zip Code Chehalis WA 98531-2433 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer Pacific Cataract & Laser Institute Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 1500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 / 156 |
| | <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)
Eric Johnson

Mailing Address 204B Allendale Road

City State Zip Code
Chestnut Hill MA 02467-3200

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: G9V150316827

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Ken Jones

Mailing Address Lakeland Medical Center/#405
764 Lakeland Drive

City State Zip Code
Jackson MS 39216

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: G7QGAY824485

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Rebecca Jones

Mailing Address 1424 East Front Street

City State Zip Code
Tyler TX 75702-8501

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: G67C9Y114882

Amount of Each Receipt this Period
365.00

92 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Karen Kadler | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 | |
| Mailing Address Suite 200 4999 East Kentucky Avenue | | Transaction ID: G9UQWD333222 | |
| City State Zip Code Denver CO 80246-2281 | 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 | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Stephen Kamenetzky | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 340 New Salem Drive | | Transaction ID: 3PG67BZV6CO9U1 | |
| City State Zip Code St. Louis MO 63141-8349 | 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 self Ophthalmologist | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| Aggregate Year-to-Date ▼ 500.00 | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Douglas Kaplan | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 95 Tamarisk Lane | | Transaction ID: G67C8G308205 | |
| City State Zip Code Deerfield IL 60015-5075 | 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

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

Mailing Address 4699 Main Street Suite 106

City State Zip Code
Bridgeport CT 06606-1830

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
11 / 09 / 2006

Transaction ID: 5JJRVG932214

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Laurence Karns

Mailing Address 6407 Frank Avenue Northwest

City State Zip Code
North Canton OH 44720-7263

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2006

Transaction ID: 201H68210223

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

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

Mailing Address 2020 Fleischmann Road

City State Zip Code
Tallahassee FL 32308-4599

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2006

Transaction ID: 201GM2638656

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 / 156 |
| | <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)
Steven Katz

Mailing Address 1931 Williamsbridge Road

City State Zip Code
Bronx NY 10461-1632

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 / 1 0 / 2 0 0 6

Transaction ID: 1U38UWTCJ139D

Amount of Each Receipt this Period
250.00

92 PACWEB GENERATED CONTR-IBUTION

B. Full Name (Last, First, Middle Initial)
Curtin Kelley

Mailing Address Suite 320
262 Neil Avenue

City State Zip Code
Columbus OH 43215-7311

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 Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: G9UZQ2966872

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

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

Mailing Address 1675 Providence Avenue

City State Zip Code
Schenectady NY 12309-3919

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: G9V2IM942414

Amount of Each Receipt this Period
500.00

92 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 69 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Paul Keown | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 309 West 37th Street | | Transaction ID: 931JFR845756 | |
| City State Zip Code Vancouver WA 98660-1945 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer Vancouver Eye Care | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 730.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Abdul Khaliq | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 | |
| Mailing Address Attn: Cheryl Arnold 146 Hazard Avenue Suite 106 | | Transaction ID: 201H68498666 | |
| City State Zip Code Enfield CT 06082 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Thomas Kidwell | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 | |
| Mailing Address 10725 International Drive | | Transaction ID: 201H68158353 | |
| City State Zip Code Rancho Cordova CA 95670-7967 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer The Permanente Medical Group | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 841.25 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 865.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 70 / 156 |
| | <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)
William Kilpatrick

Mailing Address 7550 E 2nd Street

City State Zip Code
Scottsdale AZ 85251-4504

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 0 / 3 0 / 2 0 0 6

Transaction ID: G9UZS0547141

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Spero Kinnas

Mailing Address 539 60th Place

City State Zip Code
Burr Ridge IL 60527-5187

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 0 / 2 4 / 2 0 0 6

Transaction ID: G9UQTL761332

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address 628 Cedar Lane

City State Zip Code
Teaneck NJ 07666-1704

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 / 0 1 / 2 0 0 6

Transaction ID: G9V28U988112

Amount of Each Receipt this Period
365.00

92 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 71 / 156 |
| | <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)
Christopher Knight

Mailing Address 67 Ems C286 Lane

City State Zip Code
Warsaw IN 46582

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 14918-79082888364792

Amount of Each Receipt this Period
91.25

PAC 4th of 4

B. Full Name (Last, First, Middle Initial)
James Knupp

Mailing Address Suite 2300
5220 S 6th Street Road

City State Zip Code
Springfield IL 62703-5760

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 0 / 3 1 / 2 0 0 6

Transaction ID: G9V150366350

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

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

Mailing Address Suite 300
2841 Boudinot Avenue

City State Zip Code
Cincinnati OH 45238-2496

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 ▼ 547.50

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

Transaction ID: 1OYX588UQU9GY

Amount of Each Receipt this Period
365.00

92 PACWEB GENERATED CONTR-
IBUTION

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 706.25 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Karanjit Kooner | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address 5323 Harry Hines Boulevard | | Transaction ID: G9V150546784 | |
| City State Zip Code Dallas TX 75390-7208 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ernest Kornmehl | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 | |
| Mailing Address 44 Washington Street Route 9 | | Transaction ID: G9UQWD548051 | |
| City State Zip Code Brookline MA 02445 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Alexandra Kostick | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 | |
| Mailing Address Suite 104 3 Pine Cone Drive | | Transaction ID: 18954-62803286314011 | |
| City State Zip Code Palm Coast FL 32137-8684 | 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 | Aggregate Year-to-Date ▼ 456.25 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 706.25 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 / 156 |
| | <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)
Alexandra Kostick

Mailing Address Suite 104
3 Pine Cone Drive

City State Zip Code
Palm Coast FL 32137-8684

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 1 / 1 0 / 2 0 0 6

Transaction ID: 931JFR395556

Amount of Each Receipt this Period
91.25

92 Batch Tool - PAC

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

Mailing Address 194 Grandview Lane

City State Zip Code
Norwich NY 13815-3331

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 0 / 3 1 / 2 0 0 6

Transaction ID: G9V150719044

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

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

Mailing Address 509 East Broad Street

City State Zip Code
Westfield NJ 07090-2115

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
865.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: G9V150564345

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 706.25 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 74 / 156 |
| | <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)
Howard Krauss

Mailing Address South Cal Neuro Oph/Orb Surg Assoc
11645 Wilshire Boulevard Suite 600

City Los Angeles State CA Zip Code 90025

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
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 1OWSJG3WPU9GG

Amount of Each Receipt this Period
1000.00

92 PACWEB GENERATED CONTR-IBUTION

B. Full Name (Last, First, Middle Initial)
Christine Ku

Mailing Address Inland Valley Retina
1810 Fullerton Avenue Suite 206

City Corona State CA Zip Code 92881

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

Transaction ID: 14918-18857973814010

Amount of Each Receipt this Period
125.00

PAC 4th of 4

C. Full Name (Last, First, Middle Initial)
Teofil Kulyk

Mailing Address 105 Southern Oak Drive

City Plant City State FL Zip Code 33563-1451

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
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: G9V150575626

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1625.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 / 156 |
| | <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) Bernd Kutzscher Mailing Address 172 32nd Avenue City San Francisco State CA Zip Code 94121-1012 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: AM2MUM361184 Amount of Each Receipt this Period <table border="1"> <tr> <td>125.00</td> </tr> </table> 92 Batch Tool - PAC | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 1 | 6 | / | 2 | 0 | 0 | 6 | 125.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 1 | 6 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 125.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>625.00</td> </tr> </table> | 625.00 | | | | | | | | | | | | | | | | | | | | |
| 625.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| B. Full Name (Last, First, Middle Initial) Jeffrey Lander Mailing Address 309 Leader Heights Road City York State PA Zip Code 17402-5024 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 931JFR708192 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> Batch Tool - PAC | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 1 | 0 | / | 2 | 0 | 0 | 6 | 1000.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 1 | 0 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| C. Full Name (Last, First, Middle Initial) Charles Lanzillo Mailing Address Suite 102 17 Wells Street City Westerly State RI Zip Code 02891-2923 FEC ID number of contributing federal political committee. C | | Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: 931JFR399567 Amount of Each Receipt this Period <table border="1"> <tr> <td>250.00</td> </tr> </table> 92 Batch Tool - PAC | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 1 | / | 1 | 0 | / | 2 | 0 | 0 | 6 | 250.00 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| 1 | 1 | / | 1 | 0 | / | 2 | 0 | 0 | 6 | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>250.00</td> </tr> </table> | 250.00 | | | | | | | | | | | | | | | | | | | | |
| 250.00 | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1375.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 76 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. John Lapenta | | Date of Receipt MM / DD / YYYY 11 / 01 / 2006 |
| Mailing Address 322 Dewey Street | | Transaction ID: G9V28U805524 |
| City Bennington | State VT | Zip Code 05201-2225 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer self | Occupation Ophthalmologist | 92 Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Wayne Larrison | | Date of Receipt MM / DD / YYYY 11 / 07 / 2006 |
| Mailing Address Court Retina Consultants Pc 46 Prince St. Suite 402-A | | Transaction ID: 201GM2888634 |
| City New Haven | State CT | Zip Code 06519 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer self | Occupation Ophthalmologist | 92 Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Charles Lederer | | Date of Receipt MM / DD / YYYY 11 / 08 / 2006 |
| Mailing Address 1004 Carondelet #405 | | Transaction ID: 201H68318396 |
| City Kansas City | State MO | Zip Code 64114-4801 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer self | Occupation Ophthalmologist | 92 Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 77 / 156 |
| | <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)
Chevy Lee

Mailing Address 1913 S First Street Suite 100

City State Zip Code
McAllen TX 78503-1385

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 / 09 / 2006

Transaction ID: 5JJRVG618215

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address 880 Delbon Avenue

City State Zip Code
Turlock CA 95382-2005

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: 60931JBLDV83U1

Amount of Each Receipt this Period
250.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address Suite #204
1310 Wisconsin

City State Zip Code
Grand Haven MI 49417-2472

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
10 / 20 / 2006

Transaction ID: 18954-82714480161667

Amount of Each Receipt this Period
125.00

PAC 2nd of 4

| | |
|--|---------------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 78 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. John Leenhouts | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 |
| Mailing Address Suite #204 1310 Wisconsin | | Transaction ID: 14918-40009707212448 |
| City State Zip Code Grand Haven MI 49417-2472 | Amount of Each Receipt this Period 125.00 | |
| FEC ID number of contributing federal political committee. C | PAC 3rd of 4 | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 375.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Jerry Lehmann | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6 |
| Mailing Address Eye Ctrs of Southeast Texas Llp 3129 College | | Transaction ID: G9UUWD624078 |
| City State Zip Code Beaumont TX 77701 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 615.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Robert Lehmann | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 |
| Mailing Address 5300 N Street | | Transaction ID: G7QG8Y533362 |
| City State Zip Code Nacogdoches TX 75965-1370 | Amount of Each Receipt this Period 625.00 | |
| FEC ID number of contributing federal political committee. C | PAC 4th of 4 | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 2500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 79 / 156 |
| | <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) Rick Leoni | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6 |
| Mailing Address Suite A 203 Rue Lous Xiv | | Transaction ID: G9UTMS557527 |
| City State Zip Code Lafayette LA 70508-5736 | 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 | Aggregate Year-to-Date ▼ 750.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Rick Leoni | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address Suite A 203 Rue Lous Xiv | | Transaction ID: G9V150441207 |
| City State Zip Code Lafayette LA 70508-5736 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 750.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Robert Lesser | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 6 |
| Mailing Address the Eye Care Group 40 Temple Street; Suite 5B | | Transaction ID: G9UJXO912964 |
| City State Zip Code New Haven CT 06510 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 80 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) David Levine | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address Suite H2 19271 Montgomery Village Avenue | | Transaction ID: 5JJRVG318537 |
| City State Zip Code Montgomery Village MD 20886-5029 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Kenneth Lindahl | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 |
| Mailing Address Suite 101 30 N Union Street | | Transaction ID: 1BG67C1OECO9U1 |
| City State Zip Code Rochester NY 14607-1345 | 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 self Ophthalmologist | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Kim Lindenmuth | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 45 South Park Boulevard Suite 375 | | Transaction ID: G9V150467007 |
| City State Zip Code Glen Ellyn IL 60137-6291 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 81 / 156 |
| | (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)

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Max Linder | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 |
| Mailing Address 1710 South 70th Street PO Box 6068 | | Transaction ID: G9UZS0575831 |
| City Lincoln State NE Zip Code 68506-1676 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation Ophthalmologist | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 500.00 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Mark Lindsay | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 |
| Mailing Address 2725 E 29th Street | | Transaction ID: 931JFR371247 |
| City Bryan State TX Zip Code 77802-2504 | Amount of Each Receipt this Period 25.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation Ophthalmologist | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 300.00 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mark Lister | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 10 Crestview Court | | Transaction ID: G9UQWD135602 |
| City Montclair State NJ Zip Code 07042-1702 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation Ophthalmologist | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Aggregate Year-to-Date ▼ 365.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 890.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 82 / 156 |
| | <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)
Douglas Litchfield

Mailing Address 2033 W Harbor Drive

City Bismarck State ND Zip Code 58504-8913

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 ▼ 730.00

Date of Receipt
11 / 15 / 2006

Transaction ID: 7CRA8H454461

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Samuel Lo

Mailing Address Suite 418
1441 Kapiolani Boulevard

City Honolulu State HI Zip Code 96814-4400

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
10 / 19 / 2006

Transaction ID: 18954-17936342954635

Amount of Each Receipt this Period
125.00

PAC 4th of 4

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

Mailing Address 8642 Upland Lane N

City Maple Grove State MN Zip Code 55311-1561

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
10 / 31 / 2006

Transaction ID: G9V150459216

Amount of Each Receipt this Period
500.00

92 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 83 / 156 |
| | <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)
Kenneth Low

Mailing Address 38707 Stivers St. Suite B

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 0 / 2 7 / 2 0 0 6

Transaction ID: G9UUWD222787

Amount of Each Receipt this Period
1000.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Robert Lowery

Mailing Address Lowery Eye Clinic
105 Central Avenue

City State Zip Code
Searcy AR 72143

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: G9V2IM461573

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Luis Lu

Mailing Address Elk County Eye Clinic
765 Johnsonburg Road

City State Zip Code
St. Marys PA 15857

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 0 / 2 7 / 2 0 0 6

Transaction ID: G9UUWD697500

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

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

| | | |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 84 / 156 |
| | <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 Lucarelli

Mailing Address Univ of Wi-Madison Department of O
600 Highland Avenue F4 348 Csc

City Madison State WI Zip Code 53792-0001

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 ▼ 450.00

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

Transaction ID: 6NJ18D428538

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Mary Gerard Lynch

Mailing Address 3845 Club Drive

City Atlanta State GA Zip Code 30319-1109

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
M M / D D / Y Y Y Y Y
1 1 / 0 3 / 2 0 0 6

Transaction ID: G7QGAY963534

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Jennifer Lyons

Mailing Address 2625 Southwest Sherwood Drive

City Portland State OR Zip Code 97201-1616

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

Transaction ID: 201GM2545228

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1115.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 85 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Donald MacDonald | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address 21 N Gilbert Street | | Transaction ID: G9V150773256 | |
| City State Zip Code Tinton Falls NJ 07701-4950 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 865.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Ben Mahan | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 | |
| Mailing Address 926 N Jackson Street PO Box 1118 | | Transaction ID: 14918-66657656431198 | |
| City State Zip Code Tullahoma TN 37388-2332 | 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 | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. David Mallory | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6 | |
| Mailing Address 1240 Southwest 44th | | Transaction ID: G9UUWD837405 | |
| City State Zip Code Oklahoma City OK 73109-3604 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 990.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 86 / 156 |
| | <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 Mannis | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6 |
| Mailing Address Uc Davis Department of Ophthalmolo 4860 Y Street #2400 | | Transaction ID: 18954-26693361997604 |
| City State Zip Code Sacramento CA 95817-2307 | 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 | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Thomas Manzo | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 |
| Mailing Address 1329 E High Street | | Transaction ID: NDG9UR9MY1XYO1 |
| City State Zip Code Pottstown PA 19464-4949 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | 92 PACWEB GENERATED CONTR- IBUTION | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) William Maron | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 |
| Mailing Address Suite 222 21 Woodland Street | | Transaction ID: 931JFR942370 |
| City State Zip Code Hartford CT 06105-4318 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 990.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 87 / 156 | | | | | | |
| | (check only one) | | | | | | | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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

A. Full Name (Last, First, Middle Initial)
Raul Masvidal

Mailing Address 250 Southwest Le Jeune Road

City State Zip Code
Miami FL 33134-1755

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 0 / 3 1 / 2 0 0 6

Transaction ID: G9V150561277

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Robert May

Mailing Address 901 Hackberry Lane

City State Zip Code
Canton MS 39046-9475

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: G7QG8Y760652

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Ronald May

Mailing Address 740 Waukegan Road Suite 360

City State Zip Code
Deerfield IL 60015-4374

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: G9V28U754668

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 88 / 156 |
| | <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)
Bernard McCarey

Mailing Address Suite B2600
1365B Clifton Road Northeast

City Atlanta State GA Zip Code 30322-0001

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 ▼ 365.00

Date of Receipt
MM / DD / YYYY
10 / 23 / 2006

Transaction ID: G9UPL5798852

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
C McCarty

Mailing Address Suite 1015
1901 Medi Park Drive

City Amarillo State TX Zip Code 79106-2167

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
11 / 12 / 2006

Transaction ID: 14918-62752932310105

Amount of Each Receipt this Period
100.00

PAC 4th of 12

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

Mailing Address 1255 Pineview Drive

City Morgantown State WV Zip Code 26505

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
MM / DD / YYYY
10 / 19 / 2006

Transaction ID: 18954-10941714048385

Amount of Each Receipt this Period
375.00

PAC 4th of 4

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 840.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 89 / 156 |
| | <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)
Charles McCormick

Mailing Address 30 North Emerson

City Greenwood State IN Zip Code 46143-8895

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
11 / 07 / 2006

Transaction ID: 201H68946839

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Patricia McDonald

Mailing Address 1 Lake St.; Building C

City New Britain State CT Zip Code 06052-1396

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
11 / 08 / 2006

Transaction ID: 1YALF7NWG1028

Amount of Each Receipt this Period
100.00

92 PACWEB GENERATED CONTR-IBUTION

C. Full Name (Last, First, Middle Initial)
J Kevin McKinney

Mailing Address Eye Health Northwest
1306 Division Street

City Oregon City State OR Zip Code 97045

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
10 / 30 / 2006

Transaction ID: G9UZQ2622370

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 965.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 90 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Patricia McLaughlin | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 155 East 72 Street Office 1-B | | Transaction ID: 352WJP776585 | |
| City State Zip Code New York NY 10021-4371 | | 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 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Wallace McLeod | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address 1330 Interstate Pkwy | | Transaction ID: G9V150776295 | |
| City State Zip Code Augusta GA 30909-5625 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | 92 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 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Fred McMillan | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 | |
| Mailing Address Suite 503 1421 N State Street | | Transaction ID: G9UZS0392147 | |
| City State Zip Code Jackson MS 39202-1658 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | 92 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 ▼ 1500.00 | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 91 / 156 |
| | <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 Meador

Mailing Address Suite 203
300 E Osborn Road

City State Zip Code
Phoenix AZ 85012-2396

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
1 0 / 3 0 / 2 0 0 6

Transaction ID: G9UZS0269981

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Toufic Melki

Mailing Address the Retina Cntrs of Wash
15020 Shady Grove Road Suite 302

City State Zip Code
Rockville MD 20850-3364

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

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

Transaction ID: G7QG8Y428861

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Priscilla Metcalf

Mailing Address 2100 Regional Med Drive

City State Zip Code
Wharton TX 77488-9719

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

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

Transaction ID: 14918-42957705259323

Amount of Each Receipt this Period
125.00

PAC 3rd of 4

| | | |
|--|---|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 92 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Ruth Weiss Miller | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address 6552 156th Avenue Southeast | | Transaction ID: G9V150506518 | |
| City State Zip Code Bellevue WA 98006-5426 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mariannette Miller-Meeks | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address Heartland Eye Care 1005 E Pennsylvania Avenue; Suite | | Transaction ID: G9V150465368 | |
| City State Zip Code Ottumwa IA 52501 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 615.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Carl Minning | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6 | |
| Mailing Address 2935 Maple Avenue | | Transaction ID: G7QGJM523277 | |
| City State Zip Code Zanesville OH 43701-1487 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 93 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Helen Mintz-Hittner | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 |
| Mailing Address Suite 920 6410 Fannin | | Transaction ID: 201H68917148 |
| City State Zip Code Houston TX 77030-5204 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 730.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Amalia Miranda | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6 |
| Mailing Address 3435 Northwest 56th Street Building A # 1010 | | Transaction ID: 18954-27558535337448 |
| City State Zip Code Oklahoma City OK 73112-4448 | 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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 375.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Denise Miranda | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 |
| Mailing Address 2422 Lake Avenue | | Transaction ID: G7QGAY942674 |
| City State Zip Code Ashtabula OH 44004-4985 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00 | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 855.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Darryl Moffett | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address 3200 Channing Way | | Transaction ID: G9UIVG642857 | |
| City State Zip Code Idaho Falls ID 83404-7546 | 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 | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Carlos Montoya | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 | |
| Mailing Address Suite 102 5900 Pacific Boulevard | | Transaction ID: G7QG8Y647215 | |
| City State Zip Code Huntington Park CA 90255-2914 | 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 | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. Malcolm Sidney Moore | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 | |
| Mailing Address 1429 Oglethorpe Street | | Transaction ID: G9UTMS611182 | |
| City State Zip Code Macon GA 31201-1512 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | 92 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) ▶ | 1230.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | | | | | | | |
|--|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 95 / 156 | | | | | | |
| | (check only one) | | | | | | | |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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

| | | | |
|---|-------------------------------------|---|--|
| A. Full Name (Last, First, Middle Initial) David Morimoto | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address PO Box 2937 219 N Hammes Avenue | | Transaction ID: G9V28U022427 | |
| City Joliet | State IL | Zip Code 60434-2937 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | | |

| | | | |
|---|------------------------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Alan Moss | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 | |
| Mailing Address Parkview Tower 255 Park Avenue Suite 606 | | Transaction ID: 201H68940623 | |
| City Worcester | State MA | Zip Code 01609-1917 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|------------------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) George Nardin | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6 | |
| Mailing Address Suite 214 407 Uluniu Street | | Transaction ID: G9UUWD212581 | |
| City Kailua | State HI | Zip Code 96734-2537 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

| | | |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 96 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Richard Neahrng | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address 1309 Liberty Street Southeast | | Transaction ID: G9V150867835 | |
| City State Zip Code Salem OR 97302-4245 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Philip Nelsen | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address Retina Consultants Suite E Jobst Tower/2109 Hughes Drive | | Transaction ID: G9V150904196 | |
| City State Zip Code Toledo OH 43606-5141 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1125.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Philip Nelsen | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 0 6 | |
| Mailing Address Retina Consultants Suite E Jobst Tower/2109 Hughes Drive | | Transaction ID: G9V21M855487 | |
| City State Zip Code Toledo OH 43606-5141 | Amount of Each Receipt this Period 125.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1125.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1625.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 97 / 156 |
| | <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) Marietta Nelson | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address Suite 102 2800 N Tenaya Way | | Transaction ID: G9V150182325 | |
| City Las Vegas | State NV | Amount of Each Receipt this Period 250.00 | |
| Zip Code 89128-1100 | | 92 Batch Tool - PAC | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | | |

| | | | |
|---|------------------------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Juan Nevarez | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 | |
| Mailing Address Parana 1699 Urb Rio Piedras Heights | | Transaction ID: G9UIVG396685 | |
| City Rio Piedras | State PR | Amount of Each Receipt this Period 500.00 | |
| Zip Code 00926-3143 | | Batch Tool - PAC | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | | | |
|---|------------------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Michael Newton | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 1 / 2 0 0 6 | |
| Mailing Address 799 Park Avenue | | Transaction ID: 6OQDT4375534 | |
| City New York | State NY | Amount of Each Receipt this Period 250.00 | |
| Zip Code 10021-3275 | | 92 Batch Tool - PAC | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer self | Occupation Ophthalmologist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 98 / 156 |
| | (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)
Louis Nichamin

Mailing Address 103 Jefferson Street

City State Zip Code
Brookville PA 15825-1142

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 201GM2078581

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

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

Mailing Address Sandwich Ophth
PO Box 1022

City State Zip Code
Sandwich MA 02563-1022

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: G7QG8Y670219

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Michael O'Brien

Mailing Address 618 Tollgate Road

City State Zip Code
Warwick RI 02886-2717

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 0 / 3 0 / 2 0 0 6

Transaction ID: G9UZS0228474

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 99 / 156 |
| | (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)
Jeffrey Curtis Oehler

Mailing Address 2250 North Bank Drive

City Columbus State OH Zip Code 43220-5420

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

Transaction ID: 201GM2713513

Amount of Each Receipt this Period
 500.00

92 Batch Tool - PAC

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

Mailing Address 1100 N Main Avenue

City San Antonio State TX Zip Code 78212-4701

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

Transaction ID: 7CRA8H574208

Amount of Each Receipt this Period
 1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Fred Orlando

Mailing Address Berkshire Eye Center
740 Williams Street

City Pittsfield State MA Zip Code 01201-7446

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

Transaction ID: G9USE3763352

Amount of Each Receipt this Period
 500.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 100 / 156 |
| | <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)
Stephen Orr

Mailing Address Spectrum Eye Care Inc.
1920 S Main St. Suite B

City Findlay State OH Zip Code 45840

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 1 / 1 7 / 2 0 0 6

Transaction ID: AM2NDH727358

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

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

Mailing Address 3929 Marquette Street

City Houston State TX Zip Code 77005-4311

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 ▼ 730.00

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

Transaction ID: 7CRA8H475451

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

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

Mailing Address Suite 212
575 Rivergate

City Durango State CO Zip Code 81301-7488

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: G9V150453456

Amount of Each Receipt this Period
250.00

92 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 101 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) A. Camilla Parson | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 | |
| Mailing Address 8111 Dodge Street | | Transaction ID: 6XDBCW301556 | |
| City State Zip Code Omaha NE 68114-4129 | 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 | | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) B. Anjali Pathak | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 8025 Bonhomme Avenue Apt. 1311 | | Transaction ID: 352WJP750357 | |
| City State Zip Code St. Louis MO 63105-3528 | 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 | | | |

| | | | |
|--|---|---|--|
| Full Name (Last, First, Middle Initial) C. James Peace | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 431 N Prairie Avenue | | Transaction ID: 352WJP531856 | |
| City State Zip Code Inglewood CA 90301-1413 | 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) ▶ | 1230.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 102 / 156 |
| | <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)
Bryan Paul Pechous

Mailing Address 300 N Grandview Avenue

City State Zip Code
Dubuque IA 52001-6360

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: G7QGJM562496

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Raul Pena

Mailing Address Suite 10
1400 E Ridge Road

City State Zip Code
McAllen TX 78503-1536

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 6

Transaction ID: P5G67BZQ5CO9U1

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Rodolfo Perez

Mailing Address Thurmond Eye Associates
1519 East Sixth

City State Zip Code
Weslaco TX 78596

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: G7QGJM327179

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

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

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

| | | |
|--|--|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 103 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Todd Perkins | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 | |
| Mailing Address Suite 206 2870 University Avenue | | Transaction ID: G67C9Y566558 | |
| City State Zip Code Madison WI 53705-3611 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. John Perlmutter | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 | |
| Mailing Address Suite 330 330 1st Capitol Drive | | Transaction ID: 201GM2045825 | |
| City State Zip Code St. Charles MO 63301-2847 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Mark Peters | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 | |
| Mailing Address Suite 100 2525 Northwest Lovejoy | | Transaction ID: G9UQWD872555 | |
| City State Zip Code Portland OR 97210-2861 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1115.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 104 / 156 |
| | <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)
Dante Pieramici

Mailing Address Ca Retina Consultants
515 E Micheltorena Suite C

City State Zip Code
Santa Barbara CA 93103

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
1 1 / 0 2 / 2 0 0 6

Transaction ID: 6XDBCW526931

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

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

Mailing Address Roxbury Eye Center Pc
66 Sunset Strip Suite 107

City State Zip Code
Succasunna NJ 07876

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 ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: G9UZS0517752

Amount of Each Receipt this Period
2500.00

92 Batch Tool - PAC

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

Mailing Address 120 Main Street
PO Box 580

City State Zip Code
Johnstown PA 15901-1507

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 0 / 3 1 / 2 0 0 6

Transaction ID: G9V150093678

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 3115.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 105 / 156 |
| | <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)
Jon Portis

Mailing Address Suite 714
1380 Lusitana Street

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
MM / DD / YYYY
11 / 01 / 2006

Transaction ID: G9V28U951769

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Jay Prenskey

Mailing Address Pennview Place
220 Grandview Avenue

City Camp Hill State PA Zip Code 17011

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2006

Transaction ID: G9V150683211

Amount of Each Receipt this Period
1000.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Claire Price

Mailing Address the Eye Group
3000 Rogers Avenue

City Fort Smith State AR Zip Code 72901

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2006

Transaction ID: 6OQDT4961231

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 106 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Michael Price | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 578 Main Street | | Transaction ID: 352WJP193027 | |
| City State Zip Code Malden MA 02148-3900 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. Tony Pruthi | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 | |
| Mailing Address 403 Estrella Doro | | Transaction ID: 1XP5VPAOG1024 | |
| City State Zip Code Monterey CA 93940-7607 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | 92 PACWEB GENERATED CONTR-IBUTION | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Carmen Puliafito | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 | |
| Mailing Address Bascom Palmer Eye Institute 900 Northwest 17th Street | | Transaction ID: 352WJP650053 | |
| City State Zip Code Miami FL 33136 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

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

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 107 / 156 |
| | <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)
Thanh-Lan Quan

Mailing Address Suite 201
10362 Bolsa Avenue

City State Zip Code
Westminster CA 92683-6763

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
11 / 20 / 2006

Transaction ID: 352WJP053903

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Brian Ranelle

Mailing Address 1872 Norwood Drive

City State Zip Code
Hurst TX 76054-3066

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2006

Transaction ID: 201H68221252

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

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

Mailing Address 5000 Collinwood

City State Zip Code
Fort Worth TX 76107-3606

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2006

Transaction ID: 201GM2202773

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

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

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 108 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Harold Reaves | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 |
| Mailing Address Suite 504 1127 Wilshire Boulevard | | Transaction ID: G9UZS0501703 |
| City State Zip Code Los Angeles CA 90017-3906 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Annette Reda | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 |
| Mailing Address Virginia Ophth Assoc 885 Kempsville Rd.; Amelia Buildin | | Transaction ID: 1YIE17837332 |
| City State Zip Code Norfolk VA 23502 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 2000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Syamala H Reddy | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6 |
| Mailing Address Suite 3A 200 Medical Center Drive | | Transaction ID: 6OQDT4357636 |
| City State Zip Code Hazard KY 41701-9478 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 730.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 109 / 156 |
| | <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) 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 | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 Transaction ID: 14918-96892946958542 Amount of Each Receipt this Period 125.00 PAC 2nd of 4 |
| Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 615.00 | |

| | | |
|---|------------------------------------|--|
| B. Full Name (Last, First, Middle Initial) Paul Riske Mailing Address 605 Blenheim Drive City Raleigh State NC Zip Code 27612-4944 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 Transaction ID: 6NJ18D204681 Amount of Each Receipt this Period 365.00 Batch Tool - PAC |
| Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 730.00 | |

| | | |
|--|------------------------------------|---|
| C. Full Name (Last, First, Middle Initial) Luis Rivera-Rodriguez Mailing Address PO Box 3241 City Mayaguez State PR Zip Code 00681-3241 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 Transaction ID: 18954-53637331724167 Amount of Each Receipt this Period 91.25 PAC 4th of 4 |
| Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 110 / 156 |
| | <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) Philip Rizzuto | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6 |
| Mailing Address Suite 301 120 Dudley Street | | Transaction ID: G9UUWD877201 |
| City Providence State RI Zip Code 02905-2429 | 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 ▼ 365.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) John Denis Roarty | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address Childrens Hosp-Department of Opth 3901 Beaubien | | Transaction ID: 6NJ18D133775 |
| City Detroit State MI Zip Code 48201 | 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 | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Shiyoung Roh | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 |
| Mailing Address One Essex Center Drive Lahey Clinic | | Transaction ID: 1UOONALIW253Y |
| City Peabody State MA Zip Code 01960 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | PACWEB GENERATED CONTRIBU-TION | |
| 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) ▼ | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 111 / 156 |
| | <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) Philip Roholt Mailing Address 5890 Mayfair Road City North Canton State OH Zip Code 44720-1547 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: G7QGJM836163 Amount of Each Receipt this Period 1000.00 Batch Tool - PAC |
| Name of Employer self self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|------------------------------------|---|
| B. Full Name (Last, First, Middle Initial) Michael Rosenberg Mailing Address Suite 440 645 N Michigan Avenue City Chicago State IL Zip Code 60611-5800 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: G7QG8Y724365 Amount of Each Receipt this Period 75.00 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 ▼ 300.00 | |

| | | |
|--|------------------------------------|---|
| C. Full Name (Last, First, Middle Initial) Harvey Rosenblum Mailing Address 220 Madison Avenue City New York State NY Zip Code 10016-3422 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 Transaction ID: 201H68567822 Amount of Each Receipt this Period 500.00 92 Batch Tool - PAC |
| Name of Employer self self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1575.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 112 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Leland Rosenblum | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address Suite 200 21 Upper Ragsdale Drive | | Transaction ID: 1P12MZSOSU9GX |
| City Monterey State CA Zip Code 93940-7829 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | | 92 PACWEB GENERATED CONTRIBUTION |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Carlos Rosende | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 6 |
| Mailing Address 1611 Braeburn Bend | | Transaction ID: G9UPL5265170 |
| City San Antonio State TX Zip Code 78258-4511 | Amount of Each Receipt this Period 187.50 | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 575.00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Carlos Rosende | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 |
| Mailing Address 1611 Braeburn Bend | | Transaction ID: 1YIE17775551 |
| City San Antonio State TX Zip Code 78258-4511 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 575.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 752.50 |
| TOTAL This Period (last page this line number only) ▶ | (Empty field) |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 113 / 156 |
| | <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)
Steven Rosenfeld

Mailing Address Delray Eye Assoc
16201 S Military Trail

City Delray Beach State FL Zip Code 33484

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 1BG9UYXH41SBP1

Amount of Each Receipt this Period
150.00

92 PACWEB GENERATED CONTR-IBUTION

B. Full Name (Last, First, Middle Initial)
Harold Ross

Mailing Address 70 Mason Street

City Geneva State NY Zip Code 14456-1104

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

Transaction ID: G7QG8Y355642

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Stanley Rous

Mailing Address Building C; Suite 206
7800 W Oakland Park Boulevard

City Fort Lauderdale State FL Zip Code 33351-6741

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

Transaction ID: 18954-04003542661666

Amount of Each Receipt this Period
91.25

PAC 3rd of 4

SUBTOTAL of Receipts This Page (optional) ▶ 541.25

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

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 114 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Stanley Rous | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 6 |
| Mailing Address Building C; Suite 206 7800 W Oakland Park Boulevard | | Transaction ID: 14918-42121523618698 |
| City Fort Lauderdale State FL Zip Code 33351-6741 | 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 Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. David Rozas | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 |
| Mailing Address Suite 101 5 Saint Vincent Circle | | Transaction ID: 201H68237817 |
| City Little Rock State AR Zip Code 72205-5415 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Mark Ruchman | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 6 |
| Mailing Address 43 Ferry Bridge Road | | Transaction ID: 14918-00588625669479 |
| City Washington State CT Zip Code 06793-1405 | 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 Ophthalmologist | Aggregate Year-to-Date ▼ 273.75 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1182.50 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 115 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Jay Rudd | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 |
| Mailing Address Clarus Eye Centre 345 College St. Southeast Suite C | | Transaction ID: G9UZS0526132 |
| City Lacey | State WA | Zip Code 98503 |
| Amount of Each Receipt this Period 500.00 | | 92 Batch Tool - PAC |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 865.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Michael Ruddat | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 |
| Mailing Address Suite 822 85 Seymour Street | | Transaction ID: 201GM2883330 |
| City Hartford | State CT | Zip Code 06106-5527 |
| Amount of Each Receipt this Period 500.00 | | 92 Batch Tool - PAC |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 865.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Stephen Ryan | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 5 / 2 0 0 6 |
| Mailing Address Doheny Eye Institute 1450 San Pablo Street Room 5900 | | Transaction ID: 7CRA8H224922 |
| City Los Angeles | State CA | Zip Code 90033-4681 |
| Amount of Each Receipt this Period 365.00 | | 92 Batch Tool - PAC |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 116 / 156 |
| | <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)
Charles Salisbury

Mailing Address 3701 Dauphin

City State Zip Code
Mobile AL 36608-1756

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: G7QGJM640255

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Chander Samy

Mailing Address 3040 Southwest 53rd Street

City State Zip Code
Ocala FL 34474-5802

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 ▼ 2500.00

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

Transaction ID: 5JJRVG715497

Amount of Each Receipt this Period
2500.00

92 Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Ralph Sando

Mailing Address 104 Rose Lane

City State Zip Code
Haverford PA 19041-1604

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

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

Transaction ID: 931JFR678389

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 3250.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 117 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Daniel Schaefer | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 4590 Main Street | | Transaction ID: 931JFR266265 | |
| City State Zip Code Buffalo NY 14226-4548 | | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | | 92 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 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Todd Schneiderman | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 | |
| Mailing Address Retina Center Northwest 1780 Northwest Myhre Road Suite 21 | | Transaction ID: 201H68453224 | |
| City State Zip Code Silverdale WA 98383 | | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | 92 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 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Gary Schraut | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 | |
| Mailing Address Suite 101 100 Professional Court | | Transaction ID: G9UJXO218197 | |
| City State Zip Code Lafayette IN 47905-5132 | | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1000.00 | |

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

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 118 / 156 |
| | <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)
Barbara Schroeder

Mailing Address 3301 Lake Avenue

City State Zip Code
Fort Wayne IN 46805-5529

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: G7QGJM626414

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Robert Schultze

Mailing Address 49 North Street

City State Zip Code
Delmar NY 12054-1017

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 7 / 2 0 0 6

Transaction ID: 6NJ18D454186

Amount of Each Receipt this Period
250.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Elwin Schwartz

Mailing Address Suite 100
400 Saybrook Road

City State Zip Code
Middletown CT 06457-4774

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 1 / 2 0 0 6

Transaction ID: 6OQDT4644855

Amount of Each Receipt this Period
365.00

92 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) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 119 / 156 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. Joseph Schwartz | | Date of Receipt MM / DD / YYYY 10 / 27 / 2006 |
| Mailing Address Atlantic Retina Center Pa 31455 Winterplace Parkway | | Transaction ID: G9UUWD464628 |
| City Salisbury State MD Zip Code 21804-1891 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 365.00 |
| Name of Employer self Occupation Ophthalmologist | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Batch Tool - PAC |
| Aggregate Year-to-Date ▼ 365.00 | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. David Schwartzfarb | | Date of Receipt MM / DD / YYYY 11 / 27 / 2006 |
| Mailing Address 5162 Linton Boulevard Suite 203 | | Transaction ID: 6NJ18D927435 |
| City Delray Beach State FL Zip Code 33484-6567 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| Name of Employer self Occupation Ophthalmologist | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Batch Tool - PAC |
| Aggregate Year-to-Date ▼ 250.00 | | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Michael Scott | | Date of Receipt MM / DD / YYYY 11 / 01 / 2006 |
| Mailing Address 515 Sunset Ridge | | Transaction ID: G9V21M346163 |
| City Dubuque State IA Zip Code 52003-7762 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 |
| Name of Employer self Occupation Ophthalmologist | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 92 Batch Tool - PAC |
| Aggregate Year-to-Date ▼ 250.00 | | |

| | | |
|--|---|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 120 / 156 |
| | <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) Richard Seeger Mailing Address 1015 Ridge Road City Webster State NY Zip Code 14580-2907 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6 Transaction ID: G9UUWD492215 Amount of Each Receipt this Period 500.00 Batch Tool - PAC |
| Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | | |

| | | |
|--|--|---|
| B. Full Name (Last, First, Middle Initial) Bradley Seely Mailing Address Suite 120 341 Medical Loop City Roseburg State OR Zip Code 97470-5546 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: G9V150785866 Amount of Each Receipt this Period 250.00 92 Batch Tool - PAC |
| Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | | |

| | | |
|--|--|--|
| C. Full Name (Last, First, Middle Initial) Christian Serdahl Mailing Address 4925 J Street City Sacramento State CA Zip Code 95819-3828 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 Transaction ID: G9UQYQ009974 Amount of Each Receipt this Period 182.50 Batch Tool - PAC |
| Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 547.50 | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 932.50 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 121 / 156 |
| | (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)

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Stephen Olaf Sessums | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 |
| Mailing Address Suite 200 8080 Bluebonnet Boulevard | | Transaction ID: 1YIE17785891 |
| City State Zip Code Baton Rouge LA 70810-7828 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. William Shachtman | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 1725 E Prospect Road | | Transaction ID: G9V150081723 |
| City State Zip Code Fort Collins CO 80525-1307 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Ramesh Shah | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 6 |
| Mailing Address Suite B 1703 W 30th Street | | Transaction ID: 1YIE17871556 |
| City State Zip Code Joplin MO 64804-1603 | 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 | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 122 / 156 |
| | <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 Shami

Mailing Address Texas Retina Assoc
4517 98th Street

City Lubbock State TX Zip Code 79424

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 ▼ 350.00

Date of Receipt
11 / 07 / 2006

Transaction ID: 201GM2803828

Amount of Each Receipt this Period
200.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
James Sharp

Mailing Address 103 West Colt Square Drive

City Fayetteville State AR Zip Code 72703-2835

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
11 / 07 / 2006

Transaction ID: 201H68463964

Amount of Each Receipt this Period
1000.00

92 Batch Tool - PAC

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

Mailing Address 7807 Timberlake Road

City Lynchburg State VA Zip Code 24502-2601

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
11 / 20 / 2006

Transaction ID: 352WJP394431

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1565.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|--|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 123 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

A. Full Name (Last, First, Middle Initial)
Peter Shelley

Mailing Address Federal Way Eye and Laser Center
32123 First Avenue South/A-3

City Federal Way State WA Zip Code 98003-5720

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 ▼ 615.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: G9V150290664

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

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

Mailing Address Suite 103
41935 W 12 Mile Road

City Novi State MI Zip Code 48377-3111

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

Transaction ID: G9USE3742626

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

Mailing Address Suite 234
2500 Grubb Road

City Wilmington State DE Zip Code 19810-4796

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 ▼ 730.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: G9V150690433

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

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

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

| | | |
|--|--|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 124 / 156 |
| | <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)

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) A. Edward Shubert | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 6 | |
| Mailing Address Suite 121 17115 Red Oak Drive | | Transaction ID: KC7CRB6W5U3GU1 | |
| City State Zip Code Houston TX 77090-2607 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 PACWEB GENERATED CONTR-IBUTION | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) B. David Shultz | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 | |
| Mailing Address Suite 101 18350 Roscoe Boulevard | | Transaction ID: G9UZS0153523 | |
| City State Zip Code Northridge CA 91325-4145 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | |

| | | | |
|--|--|---|--|
| Full Name (Last, First, Middle Initial) C. J Geoffrey Slingsby | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 | |
| Mailing Address 240 Minnesota Street | | Transaction ID: 931JFR877508 | |
| City State Zip Code Rapid City SD 57701-6200 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | |

| | |
|--|--------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 125 / 156 |
| | <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)
Brian Smith

Mailing Address 138 W Avon Parkway

City Asheville State NC Zip Code 28804-1410

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

Transaction ID: 18954-01296633481979

Amount of Each Receipt this Period
125.00

PAC 4th of 4

B. Full Name (Last, First, Middle Initial)
Neal Snebold

Mailing Address Eye Health Services
696 Main Street

City Weymouth State MA Zip Code 02190

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
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: G9V150388740

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Alan Solinsky

Mailing Address Solinsky Eyecare Llc
1013 Farmington Avenue

City West Hartford State CT Zip Code 06107

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 ▼ 1230.00

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

Transaction ID: 6NJ18D910200

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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 126 / 156 |
| | <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)
Alan Solinsky

Mailing Address Solinsky Eyecare Llc
1013 Farmington Avenue

City State Zip Code
West Hartford CT 06107

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 ▼
1230.00

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

Transaction ID: 201H68893902

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Alfred Solish

Mailing Address 800 Fairmount Avenue
Suite 219

City State Zip Code
Pasadena CA 91105-3153

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 0 / 2 6 / 2 0 0 6

Transaction ID: G9UTMS103582

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Sydney Stapleton

Mailing Address 1726 Metromedical Drive

City State Zip Code
Fayetteville NC 28304-3861

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 Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: G9UZS0710852

Amount of Each Receipt this Period
300.00

92 Batch Tool - PAC

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 915.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 127 / 156 |
| | (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)

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Scott Steidl | | Date of Receipt MM / DD / YYYY 11 / 13 / 2006 |
| Mailing Address 53 Sewall Street | | Transaction ID: G67C8G321237 |
| City Portland | State ME | Zip Code 04102-2625 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 365.00 | |
| Name of Employer self self | Occupation Ophthalmologist | Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Griffith Steiner | | Date of Receipt MM / DD / YYYY 10 / 24 / 2006 |
| Mailing Address Ophthalmic Associates 542 W 2nd Avenue | | Transaction ID: G9UQTL373738 |
| City Anchorage | State AK | Zip Code 99516 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 365.00 | |
| Name of Employer Ophthalmic Associates | 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 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Michael Steiner | | Date of Receipt MM / DD / YYYY 10 / 27 / 2006 |
| Mailing Address Suite 220 16233 Sylvester Road Southwest | | Transaction ID: G9UV38605645 |
| City Burien | State WA | Zip Code 98166-3065 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer self self | Occupation Ophthalmologist | 92 Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

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

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 128 / 156 |
| | (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)
Wells Stewart

Mailing Address 177 Parkwood Drive

City State Zip Code
Elkin NC 28621-2429

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

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

Transaction ID: 201GM2328583

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Drew Stoken

Mailing Address 338 Alexander Spring Road

City State Zip Code
Carlisle PA 17015-9129

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 14918-32889956235885

Amount of Each Receipt this Period
125.00

PAC 2nd of 4

C. Full Name (Last, First, Middle Initial)
Barbara Streefen

Mailing Address Eye Pathology/Room 2107 Wh
Suny Upstate Med Univ 766 Irving

City State Zip Code
Syracuse NY 13210

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 Y
1 1 / 2 1 / 2 0 0 6

Transaction ID: 60QDT4572494

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 790.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|--|------------------------------|-----------------------------------|---|
| Use separate schedule(s) or each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 129 / 156 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Abraham Suhr | | Date of Receipt MM / DD / YYYY 11 / 08 / 2006 |
| Mailing Address Apt. 316 1100 39th Street | | Transaction ID: 1YAGM2JRG1022 |
| City Sacramento | State CA | Zip Code 95816-5531 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer self | Occupation Ophthalmologist | 92 PACWEB GENERATED CONTRIBUTION |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Stephen Sullivan | | Date of Receipt MM / DD / YYYY 10 / 23 / 2006 |
| Mailing Address 51 State Road | | Transaction ID: G9UPGT537067 |
| City North Dartmouth | State MA | Zip Code 02747-3319 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer self | Occupation Ophthalmologist | Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Murad Sunalp | | Date of Receipt MM / DD / YYYY 11 / 13 / 2006 |
| Mailing Address Suite 109 880 E Merritt Avenue | | Transaction ID: G67C8G566465 |
| City Tulare | State CA | Zip Code 93274-2200 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 365.00 |
| Name of Employer self | Occupation Ophthalmologist | Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 365.00 | |

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

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 130 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Jonathan Talamo | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 | |
| Mailing Address Suite 184 1601 Trapelo Road | | Transaction ID: G67C8G583656 | |
| City State Zip Code Waltham MA 02451-7356 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. William Tang | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 | |
| Mailing Address Suite 102 182 W Central Street | | Transaction ID: 1PBS256MZU9GJ | |
| City State Zip Code Natick MA 01760-3756 | 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 self Ophthalmologist | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Alvin Tao | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 | |
| Mailing Address PO Box 5545 | | Transaction ID: 201H68338578 | |
| City State Zip Code Lafayette IN 47903-5545 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 131 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. William Tasman | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 | |
| Mailing Address Suite 1510 840 Walnut Street | | Transaction ID: G67C8G574362 | |
| City Philadelphia State PA Zip Code 19107-5109 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 730.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Lloyd Taustine | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 | |
| Mailing Address Suite 3334 Med Arts Building 1169 Eastern Parkway | | Transaction ID: 5JJRVG624426 | |
| City Louisville State KY Zip Code 40217-2510 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 350.00 | | |

| | | | |
|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. John Thomas | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 | |
| Mailing Address 50 Staniford Street #600 | | Transaction ID: 10G9UT80XW73P1 | |
| City Boston State MA Zip Code 02114-2539 | Amount of Each Receipt this Period 1000.00 | | |
| FEC ID number of contributing federal political committee. C | | PACWEB GENERATED CONTRIBUTION | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1615.00 |
| TOTAL This Period (last page this line number only) ▶ | [Empty Box] |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 132 / 156 |
| | <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 Thomas

Mailing Address 3519 Friendsville Road

City State Zip Code
Wooster OH 44691-1241

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

Transaction ID: 66431-99328249692917

Amount of Each Receipt this Period
600.00

PAC953

B. Full Name (Last, First, Middle Initial)
Charles Thornton

Mailing Address 1820 Galleria Oaks Drive

City State Zip Code
Texarkana TX 75503-4615

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 14918-53304690122604

Amount of Each Receipt this Period
250.00

PAC 4th of 4

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

Mailing Address 655 Medical Center Drive Northeast

City State Zip Code
Salem OR 97301-2751

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 0 / 2 4 / 2 0 0 6

Transaction ID: 76G9UQOSJ2XYO1

Amount of Each Receipt this Period
1000.00

92 PACWEB GENERATED CONTR-
IBUTION

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1850.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 133 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Kevin Treacy | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 6 | |
| Mailing Address 645 Ridgewood Road | | Transaction ID: G67C9Y566572 | |
| City State Zip Code Duluth MN 55804-1856 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. E Winston Trice | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 | |
| Mailing Address Virginia Eye Instit 400 Westhaption Station | | Transaction ID: 201H68360664 | |
| City State Zip Code Richmond VA 23226 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Sebastian Troia | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 | |
| Mailing Address 515 N 98th Street | | Transaction ID: 352WJP118561 | |
| City State Zip Code Omaha NE 68114-2344 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1115.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 134 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Gregory Trubowitsch | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 | |
| Mailing Address 741 Los Miradores Drive | | Transaction ID: G9UZS0978664 | |
| City State Zip Code El Paso TX 79912-3451 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Stanley Truhlsen | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 0 6 | |
| Mailing Address 412 N 97th Court | | Transaction ID: G9UQWD156925 | |
| City State Zip Code Omaha NE 68114-2395 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. David Ugland | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address 135 S Sharon Amity Road 100 | | Transaction ID: 5QG9V0W207XDP1 | |
| City State Zip Code Charlotte NC 28211-3870 | Amount of Each Receipt this Period 365.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 PACWEB GENERATED CONTR- IBUTION | |
| Name of Employer Occupation Horizon Eye Care Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1065.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 135 / 156 |
| | <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)
Albert Lon Ungricht

Mailing Address Suite 410
5770 S 250 E

City State Zip Code
Salt Lake City UT 84107-8178

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 0 / 3 1 / 2 0 0 6

Transaction ID: G9V150622396

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

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

Mailing Address 910 East Willow Grove Avenue

City State Zip Code
Wyndmoor PA 19038-7910

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: AM2NDH982331

Amount of Each Receipt this Period
1000.00

92 Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Sara Vegh

Mailing Address Suite 105
1880 W Winchester Road

City State Zip Code
Libertyville IL 60048-5321

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: G9UZS0512123

Amount of Each Receipt this Period
365.00

Batch Tool - PAC

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 136 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Arnaldo Villarreal | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address Suite 204 1521 South Staples | | Transaction ID: 18954-50774782896042 |
| City Corpus Christi | State TX | Zip Code 78404-3157 |
| 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 ▼ 375.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Arnaldo Villarreal | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 6 |
| Mailing Address Suite 204 1521 South Staples | | Transaction ID: 14918-95273989439011 |
| City Corpus Christi | State TX | Zip Code 78404-3157 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 125.00 |
| Name of Employer self | Occupation Ophthalmologist | PAC 3rd of 4 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Daniel Vos | | Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 1 3 / 2 0 0 6 |
| Mailing Address Wolfe Clinic 2020 Philadelphia Street | | Transaction ID: G67C9Y836557 |
| City Ames | State IA | Zip Code 50010 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Wolfe Clinic | Occupation Ophthalmologist | 92 Batch Tool - PAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 137 / 156 |
| | <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 Vrabec | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address 21 Park Place | | Transaction ID: 6NJ18D878051 |
| City State Zip Code Appleton WI 54914-8872 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) William Wagnon | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 0 6 |
| Mailing Address Angelina Eye Center 2801 S John Redditt Dr. Suite B | | Transaction ID: G9USE3598854 |
| City State Zip Code Lufkin TX 75904-5666 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| C. Full Name (Last, First, Middle Initial) Kenneth Wald | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 9 / 2 0 0 6 |
| Mailing Address 3 Chedworth Road | | Transaction ID: G9UIVG876846 |
| City State Zip Code Scarsdale NY 10583-3309 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2365.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 138 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Jonathan Walker | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address Suite 300 7900 W Jefferson Boulevard | | Transaction ID: G9V150678387 |
| City State Zip Code Fort Wayne IN 46804-4128 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Kevin Lee Waltz | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6 |
| Mailing Address Suite 240 8103 Clearvista Parkway | | Transaction ID: 1GG9UYN6LEN9P1 |
| City State Zip Code Indianapolis IN 46256-4697 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | PACWEB GENERATED CONTRIBUTION |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. George Waring | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6 |
| Mailing Address Suite 600 301 Perimeter Center N | | Transaction ID: 6NJ18D312652 |
| City State Zip Code Atlanta GA 30346-2486 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2500.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

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

| | | |
|--|--|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 139 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Roberto Warman | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address Miami Childrens Office Suite 103 3200 Southwest 60th Court | | Transaction ID: G9V150384607 | |
| City Miami State FL Zip Code 33155 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. John Waters | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 | |
| Mailing Address 5055 W Bristol Road | | Transaction ID: G9V150822334 | |
| City Flint State MI Zip Code 48507-2922 | Amount of Each Receipt this Period 300.00 | | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Philip Watkins | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 | |
| Mailing Address Va Hosp Eent Clinic 112A 1501 San Pedro Southeast | | Transaction ID: G9UZS0485708 | |
| City Albuquerque State NM Zip Code 87108 | Amount of Each Receipt this Period 400.00 | | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC | |
| Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Occupation Ophthalmologist Aggregate Year-to-Date ▼ 400.00 | | |

| | |
|--|-------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 950.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 140 / 156 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Tay Weinman | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 |
| Mailing Address 571 W 7th Street | | Transaction ID: G9UZS0220741 |
| City State Zip Code San Pedro CA 90731-3115 | Amount of Each Receipt this Period 250.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Joseph Weinstein | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 9 / 2 0 0 6 |
| Mailing Address 4212 Hempstead Turnpike | | Transaction ID: 14918-80352419614792 |
| City State Zip Code Bethpage NY 11714-5701 | Amount of Each Receipt this Period 62.50 | |
| FEC ID number of contributing federal political committee. C | PAC 4th of 4 | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 250.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Daniel Welch | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 |
| Mailing Address 407 Avenue K Southeast | | Transaction ID: 931JFR248175 |
| City State Zip Code Winter Haven FL 33880-4126 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation self Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1312.50 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 141 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Amy Wexler | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 |
| Mailing Address 509 S Lenola Road Suite 11 | | Transaction ID: G9V150827041 |
| City Lenola State NJ Zip Code 08057-1556 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 1000.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Margaret Wheat-Carter | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6 |
| Mailing Address 140 E 5th Street | | Transaction ID: 201H68356238 |
| City Natchitoches State LA Zip Code 71457-5725 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| 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) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Andrew Wherley | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 |
| Mailing Address 2399 Baker Road Southwest | | Transaction ID: 931JFR713756 |
| City New Philadelphia State OH Zip Code 44663-7104 | Amount of Each Receipt this Period 365.00 | |
| FEC ID number of contributing federal political committee. C | 92 Batch Tool - PAC | |
| Name of Employer self Occupation Ophthalmologist | Aggregate Year-to-Date ▼ 365.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 142 / 156 |
| | <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)
Daniel Whipple

Mailing Address Avon Station Medical Center
8244 East US 36/#200

City Avon State IN Zip Code 46123

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 08 / 2006

Transaction ID: 201H68982777

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

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

Mailing Address 1701 South Minnesota Avenue

City Sioux Falls State SD Zip Code 57105-1751

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: G7QGJM788314

Amount of Each Receipt this Period
500.00

Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Jeffrey Whitman

Mailing Address 2801 Lemmon Avenue Ste# 400

City Dallas State TX Zip Code 75204-2399

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
10 / 31 / 2006

Transaction ID: G9V150663684

Amount of Each Receipt this Period
250.00

92 Batch Tool - PAC

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

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 143 / 156 |
| | <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)
Wayne Whitmore

Mailing Address 116 E 68th Street

City State Zip Code
New York NY 10021-5955

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 ▼ 865.00

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

Transaction ID: G9V2IM385173

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

B. Full Name (Last, First, Middle Initial)
Walter Wills

Mailing Address 1207 N Jackson Street

City State Zip Code
Arlington VA 22201-5072

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

Transaction ID: 352WJP720423

Amount of Each Receipt this Period
1000.00

91 Batch Tool - PAC

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

Mailing Address 1830 Sierra Gardens Suite 100

City State Zip Code
Roseville CA 95661-2942

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

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 5YG9UPXN8WRWO1

Amount of Each Receipt this Period
500.00

PACWEB GENERATED CONTRIBUTION

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 144 / 156 |
| | <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)
Catherine Wisda

Mailing Address Suite 2A
1318 S Main Road

City Vineland State NJ Zip Code 08360-6516

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
11 / 10 / 2006

Transaction ID: 931JFR052348

Amount of Each Receipt this Period
300.00

92 Batch Tool - PAC

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

Mailing Address 557 Cranbury Road Suite 6

City East Brunswick State NJ Zip Code 08816-5419

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

Name of Employer self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
11 / 17 / 2006

Transaction ID: AM2NDH614751

Amount of Each Receipt this Period
365.00

92 Batch Tool - PAC

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

Mailing Address 202 State Highway 37 West

City Toms River State NJ Zip Code 08755-8055

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

Name of Employer Shore Eye Associates Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2006

Transaction ID: 1FG9V3G3P0VPU1

Amount of Each Receipt this Period
500.00

92 PACWEB GENERATED CONTR-IBUTION

| | | |
|--|---|---------|
| 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) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 145 / 156 |
| | (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)
Ted Wojno

Mailing Address Emory Clinic B
1365 Clifton Road Northeast

City Atlanta State GA Zip Code 30322-0001

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 ▼ 615.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 10G9V1ABULXDP1

Amount of Each Receipt this Period
250.00

92 PACWEB GENERATED CONTR-
IBUTION

B. Full Name (Last, First, Middle Initial)
Lyn Yakubov

Mailing Address Eye Care Assoc Inc
10 Dutton Drive

City Youngstown State OH Zip Code 44502

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

Transaction ID: 6OQDT4166121

Amount of Each Receipt this Period
500.00

92 Batch Tool - PAC

C. Full Name (Last, First, Middle Initial)
Chi-Wah (Rudy) Yung

Mailing Address 5124 Green Braes East Drive

City Indianapolis State IN Zip Code 46234-2915

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 1 / 1 5 / 2 0 0 6

Transaction ID: 1M7CRAGPK4ZDU1

Amount of Each Receipt this Period
250.00

92 PACWEB GENERATED CONTR-
IBUTION

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|----------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 146 / 156 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Scott Zeigen | | Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6 |
| Mailing Address Suite 202-B 130 Almshouse | | Transaction ID: AM2NDH542137 |
| City Richboro State PA Zip Code 18954-1130 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | 92 Batch Tool - PAC |
| Name of Employer self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Steven Zelko | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6 |
| Mailing Address 309 West Quinto Street | | Transaction ID: G9UUWD426733 |
| City Santa Barbara State CA Zip Code 93105-5318 | 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 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Aras Zlioba | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 |
| Mailing Address Assoc Ophthal 219 N Hammes | | Transaction ID: G9UZS0766124 |
| City Joliet State IL Zip Code 60435 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | Batch Tool - PAC |
| Name of Employer self | Occupation Ophthalmologist | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 2000.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 147 / 156 | |
| | (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"/> 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)
Edward Zobian

Mailing Address Eye Consultants of Pennsylvania
1 Granite Point Drive

City State Zip Code
Wyomissing PA 19610-1986

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 | / | 0 | 6 | / | 2 | 0 | 0 | 6 |

Transaction ID: G7QGJM755343

Amount of Each Receipt this Period
300.00

Batch Tool - PAC

| | | |
|--|---|-----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 300.00 |
| TOTAL This Period (last page this line number only) | ▶ | 175240.00 |

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

| | | | | |
|--|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 148 / 156 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |

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

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

Mailing Address 400 California Street

City State Zip Code
San Francisco CA 94104

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
563.35

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 3 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: 2500830612055298900

Amount of Each Receipt this Period
59.20

MM interest 10/06

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 59.20 |
| TOTAL This Period (last page this line number only) | ▶ | 59.20 |

**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 149 / 156

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Union Bank

Mailing Address 400 California Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Bank charges 10/06

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 0167430612055303024

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

1372.51

SUBTOTAL of Disbursements This Page (optional)

1372.51

TOTAL This Period (last page this line number only)

1372.51

**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 150 / 156

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

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Cleaver for Congress | | Transaction ID: 0777650610245531711 Date of Disbursement 10 / 25 / 2006 |
| Mailing Address 4801 Main Street Suite 1000 | | Amount of Each Disbursement this Period -1000.00 |
| City Kansas City State MO Zip Code 64112 | Purpose of Disbursement 2006 General | |
| Candidate Name Cleaver Emanuel | Category/ Type | Uncashed Contribution |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 05 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Full Name (Last, First, Middle Initial) B. Friends of Kent Conrad | | Transaction ID: 1941950610245496971 Date of Disbursement 10 / 25 / 2006 |
| Mailing Address PO Box 812 | | Amount of Each Disbursement this Period 2500.00 |
| City Bismarck State ND Zip Code 58502 | Purpose of Disbursement 2006 General | |
| Candidate Name Conrad Kent | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Full Name (Last, First, Middle Initial) C. Kagen 4 Congress | | Transaction ID: 3295190610245500363 Date of Disbursement 10 / 25 / 2006 |
| Mailing Address 100 West Lawrence Street | | Amount of Each Disbursement this Period 2500.00 |
| City Appleton State WI Zip Code 54911 | Purpose of Disbursement 2006 General | |
| Candidate Name Kagen Steven | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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 151 / 156

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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) Kagen 4 Congress</p> <p>Mailing Address 100 West Lawrence Street</p> <p>City Appleton State WI Zip Code 54911</p> <p>Purpose of Disbursement 2006 Debt Retirement</p> <p>Candidate Name Kagen Steven</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 08</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 5115880611274801511</p> <p>Date of Disbursement 11 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/ Type</p> |
| <p>B. Full Name (Last, First, Middle Initial) Mark Kennedy 06</p> <p>Mailing Address PO Box 49333</p> <p>City Blaine State MN Zip Code 55449</p> <p>Purpose of Disbursement 2006 General</p> <p>Candidate Name Kennedy Mark</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 00</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 5782390610194938868</p> <p>Date of Disbursement 10 / 19 / 2006</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Category/ Type</p> |
| <p>C. Full Name (Last, First, Middle Initial) Texans for Henry Bonilla</p> <p>Mailing Address PO Box 17292</p> <p>City San Antonio State TX Zip Code 78217</p> <p>Purpose of Disbursement 2006 Run-Off</p> <p>Candidate Name Bonilla Henry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 23</p> <p>Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> | | <p>Transaction ID: 7237660611274809078</p> <p>Date of Disbursement 11 / 27 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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 152 / 156

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

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

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Wynn for Congress | | Transaction ID: 6730760612065854834 Date of Disbursement 11 / 27 / 2006 |
| Mailing Address PO Box 39139 | | Amount of Each Disbursement this Period 2500.00 [MEMO ITEM] |
| City Washington State DC Zip Code 20016 | | |
| Purpose of Disbursement As disclosed on 7/28/06 in Aug06 Monthly | | |
| Candidate Name Wynn Albert | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Wynn for Congress | | Transaction ID: 7562320612065854217 Date of Disbursement 11 / 27 / 2006 |
| Mailing Address PO Box 39139 | | Amount of Each Disbursement this Period 2500.00 [MEMO ITEM] |
| City Washington State DC Zip Code 20016 | | |
| Purpose of Disbursement Resignation of 7/28/06 contribution. | | |
| Candidate Name Wynn Albert | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 04 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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) | 12500.00 |

**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 153 / 156

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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)

Full Name (Last, First, Middle Initial)

A. Robert Behar

Mailing Address 2610 E Allegheny Avenue

City Philadelphia State PA Zip Code 19134-5104

Purpose of Disbursement
REFUND of onsite PAC contr.

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 78674-26440066099167

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 154 / 156 |
| | 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 State ZIP Code Alexandria VA 22314 | |

| | | |
|---|--|---|
| Outstanding Balance Beginning This Period | Transaction ID: 1517840410194257xxx | |
| 0.00 | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| 30840.00 | 27510.00 | 3330.00 |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional)..... | 3330.00 |
| 2) TOTALS This Period (last page this line number only)..... | 3330.00 |
| 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) | |

**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 | | Date M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 0 6 | |
| Full Name (Last, First, Middle, Initial) of Payee Sandler Innocenzi | | Amount 27510.00 | |
| Mailing Address 705 Prince St. | | Transaction ID: V9007530610175117034 | |
| City Alexandria | State VA | Zip Code 22314 | Office Sought: <input checked="" type="checkbox"/> House State: <u>OK</u> <input type="checkbox"/> Senate District: <u>01</u> <input type="checkbox"/> Presidential |
| Purpose of Expenditure Radio ads | Category/ Type | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Name of Federal Candidate supported or Opposed by expenditure: John Sullivan | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | 27510.00 | |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | 27510.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | 0.00 |
| (c) TOTAL Independent Expenditures | 27510.00 |
| 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 1 2 / 0 7 / 2 0 0 6 |

Image# 26940852988

Form/Schedule: **F3XN**

Transaction ID:

Regarding the two Memo Entries on Line 23, we reported a disbursement dated 7/28/06 and payable to Wynn for Congress for the Primary Election. However, Wynn for Congress did not receive the check until after the deadline and therefore has asked us to redesignate this check for their General funds.
