

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2005 through 09 30 2005

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

Type or Print Name of Treasurer Benjamin Bank

Signature of Treasurer Electronically Filed by Benjamin Bank Date 03 13 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	5

	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>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		313215.30
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	282862.45									
(c) Total Receipts (from Line 19) .....	103663.95	389169.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	386526.40	702384.88								
7. Total Disbursements (from Line 31) .....	52986.40	368844.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	333540.00	333540.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	5

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	90320.00	342003.75
(i) Itemized (use Schedule A) .....	13063.75	41923.00
(ii) Unitemized .....	103383.75	383926.75
(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) .....	103383.75	383926.75
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.) .....	280.20	5242.83
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)) .....	103663.95	389169.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	103663.95	389169.58

**DETAILED SUMMARY PAGE**

of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	2486.40	11503.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2486.40	11503.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	356000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	500.00	1341.25
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	500.00	1341.25
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	52986.40	368844.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	52986.40	368844.88

**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) .....	103383.75	383926.75
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	1341.25
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	102883.75	382585.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2486.40	11503.63
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2486.40	11503.63

**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 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address Concord Plaza Naamans Building  
3501 Silverside Road

City State Zip Code  
Wilmington DE 19810-4910

FEC ID 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  
09 / 19 / 2005

**Transaction ID:** 70WP7N768560

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address Suite 100  
4605 Brockton Avenue

City State Zip Code  
Riverside CA 92506-0106

FEC ID 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  
09 / 01 / 2005

**Transaction ID:** 0517328

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Omar Almallah

Mailing Address the Focus Center  
20 Mule Road

City State Zip Code  
Toms River NJ 08755-5028

FEC ID 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  
09 / 27 / 2005

**Transaction ID:** FBCNWR6U1X071

Amount of Each Receipt this Period  
250.00

PACWEB GENERATED CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	980.00
<b>TOTAL</b> 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 / 96
	<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) <b>A.</b> Louis Alpern		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2005
Mailing Address Suite D100 4171 N Mesa Street		Transaction ID: 70X2N4459213
City El Paso State TX Zip Code 79902-1444	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	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>B.</b> Kenneth Amend		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2005
Mailing Address 5939 Colerain Avenue		Transaction ID: 70X281083545
City Cincinnati State OH Zip Code 45239-6413	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	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) <b>C.</b> Bette Anderson		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2005
Mailing Address Kies Eye Center 1000 W Deyoung		Transaction ID: 70X2KL638426
City Marion State IL Zip Code 62959-1630	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	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>SUBTOTAL</b> of Receipts This Page (optional) .....	1865.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 96
	<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) <b>A.</b> James Antoszyk		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2005
Mailing Address Charlotte Eent Assoc; Pa 6035 Fairview Road		Transaction ID: 70X2PN412481
City Charlotte	State NC	Zip Code 28210-3256
FEC ID number of contributing federal political committee. <b>C</b>		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	

Full Name (Last, First, Middle Initial) <b>B.</b> Amir Arbisser		Date of Receipt M M / D D / Y Y Y Y Y 09 / 16 / 2005
Mailing Address 777 Tanglefoot Lane		Transaction ID: 06595-23772829771042
City Bettendorf	State IA	Zip Code 52722-1650
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer self	Occupation Ophthalmologist	PAC 2nd of 4
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Lisa Arbisser		Date of Receipt M M / D D / Y Y Y Y Y 09 / 02 / 2005
Mailing Address 777 Tanglefoot Lane		Transaction ID: 0385640
City Bettendorf	State IA	Zip Code 52722-1650
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	855.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 96
	<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) <b>A. Robert John Barnes</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005	
Mailing Address 1300 N Highland Avenue		<b>Transaction ID: 70WP7N658475</b>	
City State Zip Code Aurora IL 60506-1451	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>B. J. Bronwyn Bateman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005	
Mailing Address Rocky Mountain Lions Eye Inst Campus Box F-731; PO Box 6510		<b>Transaction ID: 70WP7N584419</b>	
City State Zip Code Aurora CO 80045	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>C. Alan Baum</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address 7710 Beechnut Street #100		<b>Transaction ID: CH40C1466221</b>	
City State Zip Code Houston TX 77074-3106	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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> 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 / 96
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Beer		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2005
Mailing Address Lions Eye Institute 35 Hackett Boulevard		<b>Transaction ID:</b> CH41IW572475
City Albany State NY Zip Code 12208-3420		Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. <b>C</b>		Batch Tool - PAC
Name of Employer self self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>B.</b> Full Name (Last, First, Middle Initial) William Benevento		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2005
Mailing Address 5891 Craigin Bluff Court		<b>Transaction ID:</b> CH4GWY373455
City Bettendorf State IA Zip Code 52722-6589		Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. <b>C</b>		Batch Tool - PAC
Name of Employer self self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Sanders Benkwith		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005
Mailing Address 2752 Zelda Road		<b>Transaction ID:</b> CH4191926144
City Montgomery State AL Zip Code 36106-2694		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1730.00
<b>TOTAL</b> 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 11 / 96
<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) <b>A. Joseph Bentivegna</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005
Mailing Address 541 Cromwell Avenue		Transaction ID: CH4FDB721012
City Rocky Hill	State CT	Zip Code 06067-1805
FEC ID number of contributing federal political committee. <b>C</b>		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	

Full Name (Last, First, Middle Initial) <b>B. J. Chandler Berg</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005
Mailing Address Suite 110 2709 Meredyth Drive		Transaction ID: CH4FDB967883
City Albany	State GA	Zip Code 31707-0222
FEC ID number of contributing federal political committee. <b>C</b>		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	

Full Name (Last, First, Middle Initial) <b>C. Brian Berger</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2005
Mailing Address 3705 Medical Parkway Suite 410		Transaction ID: 0028924
City Austin	State TX	Zip Code 78705-1019
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Tool - PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1095.00
<b>TOTAL</b> 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 / 96
	<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) <b>A. Robert Berry</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 5	
Mailing Address Suite 301 9800 Lile Drive		Transaction ID: CH4BVC658170	
City Little Rock	State AR	Zip Code 72205-6229	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	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>B. Jerome Bettman</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 5	
Mailing Address 3910 Sand Hill Road		Transaction ID: 70X2KL844232	
City Woodside	State CA	Zip Code 94062-1231	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	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>C. Thomas William Biggs</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 5	
Mailing Address 5825 S Main Street Suite 202		Transaction ID: CH4C2F568484	
City Clarkston	State MI	Zip Code 48346-2983	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	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> 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 / 96
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Peter Breingan		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 3 / 2 0 0 5
Mailing Address Apt. 3C 325 E 79th Street		<b>Transaction ID:</b> 70WUVF447545
City State Zip Code New York NY 10021-0954	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) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Brewington		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5
Mailing Address 807 Summit Avenue		<b>Transaction ID:</b> CH4FDB322047
City State Zip Code Greensboro NC 27405-7833	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) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Bruce		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address Midwest Retina; Inc 500 E Main Street Suite 300		<b>Transaction ID:</b> 70WP7N436471
City State Zip Code Columbus OH 43215-5369	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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> 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 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Frederick Bruening</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address 5014 Villa Linde Parkway		<b>Transaction ID: CH4FDB572806</b>	
City State Zip Code Flint MI 48532-3411	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>B. Maria Bruno</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2005	
Mailing Address 3723 Seneca Street		<b>Transaction ID: 0307533</b>	
City State Zip Code West Seneca NY 14224-3452	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>C. Robert Burlingame</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address 1303 N Travis Street		<b>Transaction ID: CH4191910928</b>	
City State Zip Code Sherman TX 75092-5138	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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1730.00
<b>TOTAL</b> 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 / 96
	<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)  
Henry Burnett

Mailing Address 730 Highland Oaks Drive Suite 203

City State Zip Code  
Winston-Salem NC 27103-7108

FEC ID 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  
09 / 07 / 2005

Transaction ID: CH40C1208737

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Charlotte Burns

Mailing Address 1850 Summit Avenue

City State Zip Code  
Madison WI 53726-4075

FEC ID 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  
09 / 02 / 2005

Transaction ID: 0951938

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

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

Mailing Address 1575 N Barrington Road Suite #120

City State Zip Code  
Hoffman Estates IL 60194-1062

FEC ID 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  
09 / 20 / 2005

Transaction ID: 70WP7N781611

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	980.00
<b>TOTAL</b> 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 / 96
	<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) <b>A. Douglas Carlson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address Suite 100 1719 Tower Dr. W		<b>Transaction ID: CH40C1450238</b>	
City Stillwater	State MN	Zip Code 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 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) <b>B. Ronald Caronia</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2005	
Mailing Address Floor 3 360 Merrick Road		<b>Transaction ID: CH4C2F121389</b>	
City Lynbrook	State NY	Zip Code 11563-2500	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self 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>C. Troy Carter</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address 1750 Pine Street		<b>Transaction ID: CH40C1612714</b>	
City Abilene	State TX	Zip Code 79601-3044	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	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> 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 / 96
	<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) <b>A. Joyce Cassen</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2005
Mailing Address Suite 212 850 W Hind Drive		<b>Transaction ID: 0838858</b>
City Honolulu State HI Zip Code 96821-1855	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼		

Full Name (Last, First, Middle Initial) <b>B. Barry Chaiken</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2005
Mailing Address 625 Park Avenue		<b>Transaction ID: CH4C2F144481</b>
City New York State NY Zip Code 10021-6545	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼		

Full Name (Last, First, Middle Initial) <b>C. Joseph Chappell</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2005
Mailing Address 610 Brunson Drive		<b>Transaction ID: CH4GWY712803</b>
City Tupelo State MS Zip Code 38801-4947	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1095.00
<b>TOTAL</b> 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 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
George Chioran

Mailing Address Comprehensive Eyecare Central Oh  
5957 Cleveland Avenue

City Columbus State OH Zip Code 43231-2202

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  
09 / 23 / 2005

Transaction ID: 70WUVF420494

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Dennis Chuck

Mailing Address 1774 Alameda Street

City Pomona State CA Zip Code 91768-1727

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  
09 / 07 / 2005

Transaction ID: CH4191261277

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Jay Clark

Mailing Address 175 N 400 W

City Orem State UT Zip Code 84057-1909

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 ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2005

Transaction ID: CH3ZVK592556

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1230.00
<b>TOTAL</b> 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 / 96
	<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 Clark

Mailing Address 7575 W Grand River

City Brighton State MI Zip Code 48114-9309

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  
09 / 23 / 2005

**Transaction ID:** 70WUVF840253

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Sander M. Zeskin Cohen

Mailing Address Suite 11  
509 S Lenola Road

City Moorestown State NJ Zip Code 08057-1561

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 ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2005

**Transaction ID:** 70WP7N827536

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address 22835 Kelly Road

City Eastpointe State MI Zip Code 48021-2073

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  
09 / 07 / 2005

**Transaction ID:** CH4191219855

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1095.00
<b>TOTAL</b> 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 20 / 96
	<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 Conklin

Mailing Address Suite 22  
294 E Moana Lane

City State Zip Code  
Reno NV 89502-4641

FEC ID 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  
09 / 03 / 2005

**Transaction ID:** FIB5EV

Amount of Each Receipt this Period  
250.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 4842 W Chapin Lane

City State Zip Code  
Berrien Springs MI 49103-9631

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 20 / 2005

**Transaction ID:** 70WPKC873168

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Kim Cooper

Mailing Address Suite 235  
1720 El Camino Real

City State Zip Code  
Burlingame CA 94010-3224

FEC ID 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  
09 / 09 / 2005

**Transaction ID:** CH42EW556677

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	865.00
<b>TOTAL</b> 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 / 96
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Frank Cotter		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2005
Mailing Address Vistar Eye Center PO Box 1789		<b>Transaction ID:</b> CH42N6196233
City Roanoke State VA Zip Code 24008-1789	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	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>B.</b> Full Name (Last, First, Middle Initial) David Craig		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005
Mailing Address PO Box 680 1600 Highway 79 South		<b>Transaction ID:</b> 70WP7N104048
City Henderson State TX Zip Code 75653-0680	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	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>C.</b> Full Name (Last, First, Middle Initial) Anthony D'Amato		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2005
Mailing Address 27 Baker Avenue		<b>Transaction ID:</b> 0709937
City Dover State NJ Zip Code 07801-2501	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> 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 / 96
	<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) <b>A. Edgar Dapremont</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2005
Mailing Address PO Box 6545		<b>Transaction ID: 06595-03802126646041</b>
City State Zip Code Gulfport MS 39506-6545	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	PAC 2ND OF 4	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Bill Davenport</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005
Mailing Address 2090 Southeast Ocean Boulevard		<b>Transaction ID: CH4191421448</b>
City State Zip Code Stuart FL 34996-3304	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>C. Paul DeGregorio</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005
Mailing Address Nine S Spring Street		<b>Transaction ID: CH4191255241</b>
City State Zip Code Concord NH 03301-2425	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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1115.00
<b>TOTAL</b> 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 23 / 96
	<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)  
Ellen Dehm

Mailing Address Masci and Dehm Eye Associates  
160 Pleasant Street

City State Zip Code  
Attleboro MA 02703-2443

FEC ID 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  
09 / 06 / 2005

Transaction ID: CH3ZVK113007

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Patrick Dennis

Mailing Address 116-B Ashley Avenue

City State Zip Code  
Charleston SC 29401-1249

FEC ID 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  
09 / 21 / 2005

Transaction ID: 06595-61399477720261

Amount of Each Receipt this Period  
250.00

PAC 2nd of 4

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

Mailing Address 1908 Santa Monica Blvd Suite 3

City State Zip Code  
Santa Monica CA 90404

FEC ID 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  
09 / 01 / 2005

Transaction ID: 0361106

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> 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 / 96
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) John Drouilhet Mailing Address Suite 502 1329 Lusitana Street City Honolulu State HI Zip Code 96813-2429 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5 <b>Transaction ID:</b> CH4FDB528064 Amount of Each Receipt this Period 300.00 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 ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Paul Dunn Mailing Address 275 Harvard Street City Fall River State MA Zip Code 02720-4125 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 5 <b>Transaction ID:</b> CH4191548637 Amount of Each Receipt this Period 365.00 Batch Tool - PAC
Name of Employer self Occupation Ophthalmologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dion Ehrlich Mailing Address Suite 103 7500 Central Avenue City Philadelphia State PA Zip Code 19111-2430 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5 <b>Transaction ID:</b> 70WUS2392340 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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1165.00</b>
<b>TOTAL</b> 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 25 / 96
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Francisco Fantes		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005
Mailing Address Bascom Palmer Eye Institute 900 Northwest 17th Street		<b>Transaction ID:</b> CH4GWY682834
City Miami State FL Zip Code 33136-1119	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	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>B.</b> Full Name (Last, First, Middle Initial) George Fava		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005
Mailing Address 875 Norman Drive		<b>Transaction ID:</b> 70WP7N855485
City Lebanon State PA Zip Code 17042-7454	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Natalka Fedoriw		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005
Mailing Address 3301 Lake Avenue		<b>Transaction ID:</b> CH4FDB311315
City Fort Wayne State IN Zip Code 46805-5529	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1065.00
<b>TOTAL</b> 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 / 96
	<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) <b>A. William Fein</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2005	
Mailing Address Suite 200 415 N Crescent Drive		Transaction ID: 0303414	
City Beverly Hills	State CA	Zip Code 90210-4860	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	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>B. James Felch</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2005	
Mailing Address 117 Abbotsford Drive		Transaction ID: 16166-11889284849166	
City Nashville	State TN	Zip Code 37215-2439	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C		PAC 4th of 4 pmts	
Name of Employer self 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) <b>C. Robert Feldman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005	
Mailing Address 160 Boston Avenue		Transaction ID: 70WP7N418091	
City Altamonte Springs	State FL	Zip Code 32701-4706	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	Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	855.00
<b>TOTAL</b> 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 / 96
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Stephen Felton		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005	
Mailing Address 56 White Oak Drive		<b>Transaction ID:</b> CH4GWY415654	
City State Zip Code Princeton NJ 08540-1230	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) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Fier		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address 1441 E Ocean Boulevard		<b>Transaction ID:</b> CH4E2S542707	
City State Zip Code Stuart FL 34996-2613	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) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) David Fischer		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address 256 Lankenau Medical Building East 100 Lancaster		<b>Transaction ID:</b> CH4191836757	
City State Zip Code Wynnewood PA 19096-3450	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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> 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 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Fish		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005	
Mailing Address Vitreoretinal Cnslts 6560 Fannin Suite 750		<b>Transaction ID:</b> 70WPKC807048	
City Houston	State TX	Amount of Each Receipt this Period 365.00	
Zip Code 77030-2725		Batch Tool - PAC	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Brian Flowers		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2005	
Mailing Address 1201 Summit Avenue		<b>Transaction ID:</b> 70X4CT054655	
City Fort Worth	State TX	Amount of Each Receipt this Period 365.00	
Zip Code 76102-4427		Batch Tool - PAC	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Jerry Ford		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address 2020 Fleischmann Road		<b>Transaction ID:</b> 70WP7N362592	
City Tallahassee	State FL	Amount of Each Receipt this Period 365.00	
Zip Code 32308-4599		Batch Tool - PAC	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1095.00
<b>TOTAL</b> 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 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Peter 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 ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 12 / 2005

Transaction ID: CH4C2F118153

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** 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  
09 / 14 / 2005

Transaction ID: CH4GWY636773

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Kay Ellen Frank

Mailing Address 4420 Beta Avenue

City State Zip Code  
Cleveland OH 44105-3152

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2005

Transaction ID: 70X6MA402165

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1095.00
<b>TOTAL</b> 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 / 96
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) L. Neal Freeman		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5
Mailing Address Florida Eye Associates 502 East New Haven Avenue		<b>Transaction ID:</b> CH4FDB519344
City State Zip Code Melbourne FL 32901-5427	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>		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	

<b>B.</b> Full Name (Last, First, Middle Initial) Ronald Freeman		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 5
Mailing Address 755 South Milwaukee Avenue North 150		<b>Transaction ID:</b> CH4GWY647670
City State Zip Code Libertyville IL 60048-3253	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		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	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Fry		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 5
Mailing Address 217 Old York Road		<b>Transaction ID:</b> CH4191222285
City State Zip Code Dillsburg PA 17019-9318	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1030.00
<b>TOTAL</b> 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 / 96
	<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) <b>A. David Fuerst</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 5	
Mailing Address Suite 308 1535 W Merced Avenue		<b>Transaction ID: 70X2PN683888</b>	
City State Zip Code West Covina CA 91790-3404		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>B. Gretchen Fuerste</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5	
Mailing Address 20922 Country Squire Lane		<b>Transaction ID: CH3ZVK144616</b>	
City State Zip Code Dubuque IA 52001-8002		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>C. Geoffrey Garrett</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5	
Mailing Address Highland Clinic 1455 E Bert Kouns		<b>Transaction ID: CH4FDB930896</b>	
City State Zip Code Shreveport LA 71105-5634		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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1095.00
<b>TOTAL</b> 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 / 96
	<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) <b>A.</b> John Garrett		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address 1301 Carpenter Avenue		Transaction ID: CH4FDB196986	
City State Zip Code Iron Mountain MI 49801-4725	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>B.</b> Gerald Gaul		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005	
Mailing Address North Dakota Eye Clinic 3035 Demers Avenue		Transaction ID: 70WPKC943648	
City State Zip Code Grand Forks ND 58201-4018	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>C.</b> Andrew Gillies		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address 1 Lyons Street		Transaction ID: CH40C1545635	
City State Zip Code Dedham MA 02026-5599	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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> 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 33 / 96
	<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) <b>A. William Gillum</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2005	
Mailing Address 1519 E Sixth Street		<b>Transaction ID: CH3ZVK292145</b>	
City State Zip Code Weslaco TX 78596-6605	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>B. Howard Goldman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address 950 Northwest 13th Street		<b>Transaction ID: CH4FGS868126</b>	
City State Zip Code Boca Raton FL 33486-2310	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>C. Richard Gordon</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2005	
Mailing Address 3 Medical Park Drive		<b>Transaction ID: CH4BVC482542</b>	
City State Zip Code Pomona NY 10970-3516	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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1095.00
<b>TOTAL</b> 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 34 / 96
	(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)  
Tom Gordon

Mailing Address 2853 Freeport Road

City State Zip Code  
Natrona Heights PA 15065-1905

FEC ID 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  
0 9 / 2 6 / 2 0 0 5

**Transaction ID:** 70X281575168

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Marc Grinberg

Mailing Address 101 Doctors Gardens  
1880 Arlington Street

City State Zip Code  
Sarasota FL 34239-3524

FEC ID 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  
0 9 / 0 2 / 2 0 0 5

**Transaction ID:** 0873812

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Harry Grossman

Mailing Address Suite 115  
100 Brick Road

City State Zip Code  
Marlton NJ 08053-2146

FEC ID 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  
0 9 / 1 3 / 2 0 0 5

**Transaction ID:** F3M0G7GAD4HC0

Amount of Each Receipt this Period  
365.00

PACWEB GENERATED CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1095.00
<b>TOTAL</b> 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 / 96
	<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 Haley

Mailing Address Garland Ophthalmology Center  
1626 Forest Lane Suite B

City State Zip Code  
Garland TX 75042-7943

FEC ID 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  
09 / 23 / 2005

**Transaction ID:** 06595-64358156919480

Amount of Each Receipt this Period  
250.00

PAC 3rd of 4

**B.** Full Name (Last, First, Middle Initial)  
Bernie H. Hanson

Mailing Address 705 14th Avenue Northeast

City State Zip Code  
Watertown SD 57201-6827

FEC ID 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  
09 / 28 / 2005

**Transaction ID:** 70X6MA764273

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address 605 Commercial

City State Zip Code  
Atchison KS 66002-2404

FEC ID 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  
09 / 07 / 2005

**Transaction ID:** CH4191722606

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>980.00</b>
<b>TOTAL</b> 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 / 96
	<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) <b>A. Stewart Hazel</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005	
Mailing Address Duluth Clinic Ophth 400 E Third Street		<b>Transaction ID: CH4HX2712676</b>	
City Duluth State MN Zip Code 55805-1951	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼			

Full Name (Last, First, Middle Initial) <b>B. Marnix Heersink</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address 2800 Ross Clark Circle Southwest		<b>Transaction ID: CH4191543738</b>	
City Dothan State AL Zip Code 36301-2017	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼			

Full Name (Last, First, Middle Initial) <b>C. Raymond Hernandez</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address Suite 103 19202 Stone Oak Parkway		<b>Transaction ID: CH4FDB370232</b>	
City San Antonio State TX Zip Code 78258-3286	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	980.00
<b>TOTAL</b> 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 / 96
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Charles Hof		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005
Mailing Address Boozman-Hof Clinic PO Box 1353		<b>Transaction ID:</b> 70WP7N506579
City Rogers State AR Zip Code 72757-1353	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>	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>B.</b> Full Name (Last, First, Middle Initial) John Hoines		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005
Mailing Address 1630 Adams Street		<b>Transaction ID:</b> CH4191543232
City Mankato State MN Zip Code 56001-4801	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	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>C.</b> Full Name (Last, First, Middle Initial) Robert Hsieh		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005
Mailing Address 6510 Kenilworth Avenue		<b>Transaction ID:</b> CH4191740258
City Riverdale State MD Zip Code 20737-1339	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> 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 / 96
<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) <b>A. W. Jackson Iliif</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2005	
Mailing Address Suite 7 4 W Rolling Crossroads		<b>Transaction ID: CH40C1736032</b>	
City State Zip Code Catonsville MD 21228-6280		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Batch Tool - PAC refunded 9.8	
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 ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>B. W. Jackson Iliif</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 08 / 2005	
Mailing Address Suite 7 4 W Rolling Crossroads		<b>Transaction ID: CH411S086235</b>	
City State Zip Code Catonsville MD 21228-6280		Amount of Each Receipt this Period 125.00	
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 ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>C. Morton Israel</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2005	
Mailing Address Suite 1X 770 Magnolia Avenue		<b>Transaction ID: 0258873</b>	
City State Zip Code Corona CA 92879-3120		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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	990.00
<b>TOTAL</b> 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 / 96
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Leonard Joffe		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005
Mailing Address St. Joseph's Medical Plaza 6561 East Carondelet Drive		<b>Transaction ID:</b> CH4E2S895807
City Tucson      State AZ      Zip Code 85710-2156	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		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	

<b>B.</b> Full Name (Last, First, Middle Initial) David Johnson		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005
Mailing Address Suite 101 10619 N Hayden Road		<b>Transaction ID:</b> 70WPKC415975
City Scottsdale      State AZ      Zip Code 85260-8510	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		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	

<b>C.</b> Full Name (Last, First, Middle Initial) Carol Johnston		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005
Mailing Address Office Park Eye Center 6 Office Park Drive		<b>Transaction ID:</b> CH4191607048
City Jacksonville      State NC      Zip Code 28546-7325	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		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	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> 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 40 / 96
	<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)  
Michael Kass

Mailing Address Department of Ophthal and Visual S  
660 S Euclid Avenue; Campus Box 80

City State Zip Code  
St. Louis MO 63110

FEC ID 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  
09 / 02 / 2005

Transaction ID: 0101177

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Dennis Khoury

Mailing Address 8118 Bustleton Avenue

City State Zip Code  
Philadelphia PA 19152-2803

FEC ID 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  
09 / 07 / 2005

Transaction ID: CH40C1991165

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

Mailing Address 1316 Wilmington Island Road

City State Zip Code  
Savannah GA 31410-4513

FEC ID 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  
09 / 02 / 2005

Transaction ID: 0223246

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1230.00
<b>TOTAL</b> 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 41 / 96
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Kim		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5	
Mailing Address Unit 3 25351 Boots Road		<b>Transaction ID:</b> 70X8FJ836306	
City State Zip Code Monterey CA 93940-6658		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		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>B.</b> Full Name (Last, First, Middle Initial) Patrick King		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 5	
Mailing Address 911 W Third		<b>Transaction ID:</b> CH4C2F324228	
City State Zip Code Yankton SD 57078-3703		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		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>C.</b> Full Name (Last, First, Middle Initial) Dennis Kontra		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 5	
Mailing Address 5802 Washington Avenue		<b>Transaction ID:</b> CH4191431842	
City State Zip Code Racine WI 53406-4050		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>		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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1095.00
<b>TOTAL</b> 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 42 / 96
	(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

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)  
Michael Korey

Mailing Address 3982 North Milwaukee Avenue

City State Zip Code  
Chicago IL 60641-2703

FEC ID 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  
09 / 02 / 2005

**Transaction ID:** 0174544

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address 12105 Northeast 33rd Street

City State Zip Code  
Bellevue WA 98005-1203

FEC ID 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  
09 / 07 / 2005

**Transaction ID:** CH4191127239

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Brian LaGreca

Mailing Address 2908 Thousand Oaks Street

City State Zip Code  
Billings MT 59102-0763

FEC ID 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  
09 / 02 / 2005

**Transaction ID:** 0275942

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1095.00
<b>TOTAL</b> 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 43 / 96
	(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) <b>A. James Landers</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address Suite 200 9800 Lile Drive		<b>Transaction ID: CH40C1470385</b>	
City Little Rock	State AR	Amount of Each Receipt this Period 365.00	
Zip Code 72205-6229		Batch Tool - PAC	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 365.00	
Name of Employer self self	Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kurt Lark</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2005	
Mailing Address 854 Craigmont Lane		<b>Transaction ID: 0557627</b>	
City Concord	State NC	Amount of Each Receipt this Period 365.00	
Zip Code 28027-6442		Batch Tool - PAC	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 365.00	
Name of Employer self self	Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bruce Larson</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address 126 West First Street		<b>Transaction ID: CH40C1481829</b>	
City Hinsdale	State IL	Amount of Each Receipt this Period 365.00	
Zip Code 60521-4013		Batch Tool - PAC	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 365.00	
Name of Employer self self	Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1095.00
<b>TOTAL</b> 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 44 / 96
	<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 Larson

Mailing Address 1442 N 31st Street

City State Zip Code  
Sheboygan WI 53081-3061

FEC ID 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  
09 / 19 / 2005

**Transaction ID:** 70WP7N274094

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Jonathan Lass

Mailing Address 11100 Euclid Avenue

City State Zip Code  
Cleveland OH 44106-1736

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

Name of Employer University Ophthalmologis- Occupation  
is: Inc. Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2005

**Transaction ID:** 6P707N1KTBF

Amount of Each Receipt this Period  
250.00

PACWEB GENERATED CONTRIBU-  
TION

**C.** Full Name (Last, First, Middle Initial)  
Mitchel Lautenberg

Mailing Address Ocean Eye Institute  
601 Route 37 W

City State Zip Code  
Toms River NJ 08755-8050

FEC ID 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  
09 / 20 / 2005

**Transaction ID:** 70WPKC120768

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1115.00
<b>TOTAL</b> 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 / 96
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Kent Leavitt		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005
Mailing Address Suite 450 1135 116th Avenue Northeast		Transaction ID: CH40C1437440
City Bellevue State WA Zip Code 98004-4623	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) William Lee		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2005
Mailing Address 349 Folly Road		Transaction ID: CH3ZVK496493
City Charleston State SC Zip Code 29412-2508	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	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>C.</b> Full Name (Last, First, Middle Initial) Elise Leonard		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005
Mailing Address Suite 300 8890 W Oakland Park Boulevard		Transaction ID: CH40C1550971
City Sunrise State FL Zip Code 33351-7235	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1730.00
<b>TOTAL</b> 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 / 96
	<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) <b>A. Cecily Lesko</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 5
Mailing Address North Jersey Eye Assoc 1005 Clifton Avenue		<b>Transaction ID: 70WPKC215436</b>
City Clifton State NJ Zip Code 07013-3520	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	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		

Full Name (Last, First, Middle Initial) <b>B. Robert Lesser</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 5
Mailing Address the Eye Care Group 40 Temple Street; Suite 5B		<b>Transaction ID: 70X2KL368127</b>
City New Haven State CT Zip Code 06510-2715	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. <b>C</b>	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) <b>C. Andrew Levada</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5
Mailing Address the Eye Care Group Pc 1201 W Main Street Suite 100		<b>Transaction ID: CH4FDB024361</b>
City Waterbury State CT Zip Code 06708-3105	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 365.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1030.00
<b>TOTAL</b> 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 / 96
	<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) <b>A. David Levine</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address Suite H2 19271 Montgomery Village Avenue		Transaction ID: CH40C1188760	
City State Zip Code Montgomery Village MD 20886-5021	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>B. Scott Limstrom</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2005	
Mailing Address 10228 Stewart Drive		Transaction ID: F5ZLGXAEJW076	
City State Zip Code Eagle River AK 99577-9509	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) <b>C. Mark Lindsay</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address 2725 E 29th Street		Transaction ID: CH4FDB613786	
City State Zip Code Bryan TX 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 self Ophthalmologist	Aggregate Year-to-Date ▼ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	890.00
<b>TOTAL</b> 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 / 96
	<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 Mark Lipman

Mailing Address Suite A  
8679 Connecticut Street

City State Zip Code  
Merrillville IN 46410-6386

FEC ID 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  
09 / 07 / 2005

Transaction ID: CH40C1121383

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address Village of Cross Keys  
2 Hamill Road Suite 315

City State Zip Code  
Baltimore MD 21210-1813

FEC ID 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  
09 / 08 / 2005

Transaction ID: CH411S774717

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Samuel Liu

Mailing Address Princeton Eye Group  
419 N Harrison Street

City State Zip Code  
Princeton NJ 08540-3521

FEC ID 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  
09 / 15 / 2005

Transaction ID: CH4GWY431374

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1230.00
<b>TOTAL</b> 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 / 96
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Lawrence Lohman		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 5
Mailing Address 2013 State Route 59		<b>Transaction ID:</b> 70X6MA571364
City State Zip Code Kent OH 44240-4113	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) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) James Lusk		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 5
Mailing Address 451 Ashley Ridge Boulevard #2 Minden Medical Plaza		<b>Transaction ID:</b> CH4FDB726054
City State Zip Code Shreveport LA 71106-7229	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) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Charles Lyon		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address 836 Olive Street		<b>Transaction ID:</b> CH3ZVK034167
City State Zip Code Shreveport LA 71104-2102	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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> 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 / 96
	<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 Mallory

Mailing Address 1240 Southwest 44th

City State Zip Code  
Oklahoma City OK 73109-3604

FEC ID 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  
09 / 20 / 2005

Transaction ID: 70WPKC451054

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Delia Manjoney

Mailing Address 2720 Main Street

City State Zip Code  
Bridgeport CT 06606-5308

FEC ID 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  
09 / 07 / 2005

Transaction ID: CH4191178058

Amount of Each Receipt this Period  
750.00

Batch Tool - PAC

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

Mailing Address Uc Davis Department of Ophthalmolo  
4860 Y Street #2400

City State Zip Code  
Sacramento CA 95817-2307

FEC ID 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  
09 / 15 / 2005

Transaction ID: CH4H9H262800

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1365.00
<b>TOTAL</b> 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 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Thomas Marvelli

Mailing Address 6273 Granbury Road

City State Zip Code  
Fort Worth TX 76133-3401

FEC ID 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  
09 / 20 / 2005

**Transaction ID:** 70WPKC311737

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
G. Philip Matthews

Mailing Address 5421 La Sierra Drive

City State Zip Code  
Dallas TX 75231-4107

FEC ID 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  
09 / 14 / 2005

**Transaction ID:** CH4FZ6700176

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

Mailing Address Midwest Eye Institute  
201 Pennsylvania Parkway

City State Zip Code  
Indianapolis IN 46280-2301

FEC ID 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  
09 / 02 / 2005

**Transaction ID:** 3E48IDJN8BIF

Amount of Each Receipt this Period  
500.00

PACWEB GENERATED CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1365.00
<b>TOTAL</b> 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 52 / 96
	<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 McClure

Mailing Address 1255 Pineview Drive

City Morgantown State WV Zip Code 26505-2713

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  
09 / 30 / 2005

**Transaction ID:** 06595-21784609556198

Amount of Each Receipt this Period  
250.00

PAC 2nd of 4

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

Mailing Address Gessler Clinic  
635 First St. N

City Winter Haven State FL Zip Code 33881-4129

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  
09 / 12 / 2005

**Transaction ID:** CH4BVC433119

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Edward McGill

Mailing Address Suite 405  
7710 Mercy Road

City Omaha State NE Zip Code 68124-2372

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  
09 / 12 / 2005

**Transaction ID:** CH4C2F329122

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>865.00</b>
<b>TOTAL</b> 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 / 96
	<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) <b>A.</b> Norman Meadow		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address 225 East 64th Street		Transaction ID: CH4FDB539363	
City State Zip Code New York NY 10021-6690	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>B.</b> Calvin Mein		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005	
Mailing Address Suite 166 4499 Medical Drive		Transaction ID: 70WP7N648974	
City State Zip Code San Antonio TX 78229-3735	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>C.</b> Toufic Melki		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2005	
Mailing Address the Retina Cntrs of Wash 15020 Shady Grove Road Suite 302		Transaction ID: 70WSUS141860	
City State Zip Code Rockville MD 20850-3379	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			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1095.00
<b>TOTAL</b> 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 / 96
	<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) <b>A. Anita Miedziak</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2005	
Mailing Address Princeton Eye Group 419 N Harrison Street		<b>Transaction ID: CH4GWY694862</b>	
City Princeton	State NJ	Amount of Each Receipt this Period 500.00	
Zip Code 08540-3521		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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Carl Migliazzo</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2005	
Mailing Address 7504 Antioch Road		<b>Transaction ID: 0532502</b>	
City Overland Park	State KS	Amount of Each Receipt this Period 500.00	
Zip Code 66204-2622		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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Lawrence Minardi</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2005	
Mailing Address Suite 1 500 Donnally Street		<b>Transaction ID: 0048817</b>	
City Charleston	State WV	Amount of Each Receipt this Period 365.00	
Zip Code 25301-1648		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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1365.00
<b>TOTAL</b> 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 55 / 96
	<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)  
Harvey Minatoya

Mailing Address Minatoya Eye Clinic  
1003 Pensacola Street

City Honolulu State HI Zip Code 96814-1927

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  
09 / 13 / 2005

Transaction ID: CH4FDB228436

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Perry Mollick

Mailing Address One Center Lane

City Levittown State NY Zip Code 11756-1032

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  
09 / 13 / 2005

Transaction ID: CH4FDB539623

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Dan Montzka

Mailing Address Suite 106  
11031 US Highway 19

City Port Richey State FL Zip Code 34668-2248

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  
09 / 07 / 2005

Transaction ID: CH40C1634636

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	980.00
<b>TOTAL</b> 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 / 96
	<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) <b>A. Sanford Moretsky</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address 2125 West Indian School Road		<b>Transaction ID: CH4FDB894791</b>	
City State Zip Code Phoenix AZ 85015-4908	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>B. John Morrison</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005	
Mailing Address Casey Eye Institute 3375 Southwest Terwilliger Bouleva		<b>Transaction ID: CH4FDB275886</b>	
City State Zip Code Portland OR 97239-4146	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>C. Frank Moya</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address Suite 100 2025 Frontis Plaza Boulevard		<b>Transaction ID: CH40C1018685</b>	
City State Zip Code Winston-Salem NC 27103-5663	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			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> 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 / 96
	<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)  
Paul Moyer

Mailing Address 520 Bruton Circle

City State Zip Code  
Kettering OH 45429-1624

FEC ID 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  
09 / 20 / 2005

**Transaction ID:** 70WPKC254228

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
G. Peyton Neatroun

Mailing Address 2676 Wimbledon Point Drive

City State Zip Code  
Virginia Beach VA 23454-1167

FEC ID 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  
09 / 20 / 2005

**Transaction ID:** 70WPKC546804

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address PO Box 800715

City State Zip Code  
Charlottesville VA 22908-0715

FEC ID 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  
09 / 26 / 2005

**Transaction ID:** 70X2PN517769

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1230.00
<b>TOTAL</b> 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 / 96
	<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)  
Mildred M. G. Olivier

Mailing Address Suite 110  
1575 N Barrington Road

City Hoffman Estates State IL Zip Code 60194-1057

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  
09 / 01 / 2005

Transaction ID: 0145265

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address 31 Centennial Drive

City Peabody State MA Zip Code 01960-7901

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  
09 / 07 / 2005

Transaction ID: CH4191485224

Amount of Each Receipt this Period  
350.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Samuel Packer

Mailing Address 84 Beverly Road

City Great Neck State NY Zip Code 11021-1621

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  
09 / 12 / 2005

Transaction ID: CH4BVC637511

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1080.00
<b>TOTAL</b> 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 / 96
	<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) <b>A. Kirk Packo</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5
Mailing Address Rush University Medical Center 1725 W Harrison Street Suite 931		<b>Transaction ID: 70WUS2854245</b>
City Chicago	State IL	Zip Code 60612-3841
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>B. Shawn Parker</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 5
Mailing Address 360 S Mount Auburn Road		<b>Transaction ID: CH4GWY699588</b>
City Cape Girardeau	State MO	Zip Code 63703-4920
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>C. Daniel Petashnick</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 5
Mailing Address 732 Main Street		<b>Transaction ID: CH4191011728</b>
City Manchester	State CT	Zip Code 06040-5106
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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	980.00
<b>TOTAL</b> 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 60 / 96
	<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) <b>A.</b> Anthony Pilavas		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address 25-09 31st Avenue		Transaction ID: CH41BE512922	
City Astoria	State NY	Zip Code 11106-3620	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. <b>C</b>		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>B.</b> Jonathan Ply		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2005	
Mailing Address 3911 Highway 17 Bypass		Transaction ID: CH3YQG507518	
City Murrells Inlet	State SC	Zip Code 29576-5014	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. <b>C</b>		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>C.</b> Daniel Pope		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2005	
Mailing Address 426 Manatee Avenue W		Transaction ID: 70WP7N682336	
City Bradenton	State FL	Zip Code 34205-8845	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. <b>C</b>		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		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1095.00
<b>TOTAL</b> 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 61 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1800 E Pavilion Place

City Montrose State CO Zip Code 81401-5337

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  
 09 / 13 / 2005

Transaction ID: CH4E2S683617

Amount of Each Receipt this Period  
 1000.00

Batch Tool - PAC

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

Mailing Address 1872 Norwood Drive

City Hurst State TX Zip Code 76054-3066

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  
 09 / 20 / 2005

Transaction ID: 70WP7N912822

Amount of Each Receipt this Period  
 365.00

Batch Tool - PAC

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

Mailing Address Stones River Eye Center  
171 Heritage Park Drive

City Murfreesboro State TN Zip Code 37129-1573

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  
 09 / 06 / 2005

Transaction ID: CH3YQG928826

Amount of Each Receipt this Period  
 365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1730.00
<b>TOTAL</b> 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 / 96
	<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)  
Silas Read

Mailing Address 957 Baxter Street

City Athens State GA Zip Code 30606-3754

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  
09 / 01 / 2005

Transaction ID: 0894885

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

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

City Leavenworth State KS Zip Code 66048-3248

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
09 / 12 / 2005

Transaction ID: CH4C2F712566

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
R. David Reynolds

Mailing Address 419 North Harrison Street

City Princeton State NJ Zip Code 08540-3521

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  
09 / 15 / 2005

Transaction ID: CH4GWY235075

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1230.00
<b>TOTAL</b> 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 / 96
	<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)  
Alexander Glen Rico

Mailing Address 2200 Northwest Myhre

City State Zip Code  
Silverdale WA 98383-7681

FEC ID 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  
09 / 13 / 2005

Transaction ID: CH4FDB314347

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
John Denis Roarty

Mailing Address Childrens Hosp-Department of Opth  
3901 Beaubien

City State Zip Code  
Detroit MI 48201-2119

FEC ID 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  
09 / 27 / 2005

Transaction ID: 70X4T2754254

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

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

Mailing Address Delaware Eye Inst  
18791 John J Williams Highway

City State Zip Code  
Rehoboth Beach DE 19971-4401

FEC ID 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  
09 / 19 / 2005

Transaction ID: 70WP7N576572

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	980.00
<b>TOTAL</b> 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 / 96
	<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) <b>A. Lawrence Ronning</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address 6046 Whipple Avenue		<b>Transaction ID: CH41BE289900</b>	
City State Zip Code North Canton OH 44720-7616	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>B. Teresa Rosales</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2005	
Mailing Address Suite 108 4100 Long Beach Boulevard		<b>Transaction ID: 0846714</b>	
City State Zip Code Long Beach CA 90807-2696	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>C. Steven Rosenfeld</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2005	
Mailing Address Delray Eye Assoc 16201 S Military Trail		<b>Transaction ID: 70WUVF129217</b>	
City State Zip Code Delray Beach FL 33484-6503	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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	980.00
<b>TOTAL</b> 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 / 96
	<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) <b>A. Jay Rudd</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 5
Mailing Address Clarus Eye Centre 420 Lilly Road Northeast		Transaction ID: CH4C2F615287
City Olympia State WA Zip Code 98506-5132	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	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) <b>B. Matthew Runde</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 0 5
Mailing Address W5534 Southdale Drive		Transaction ID: CH41BE159561
City La Crosse State WI Zip Code 54601-7147	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	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		

Full Name (Last, First, Middle Initial) <b>C. Norman Saffra</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 5
Mailing Address Med and Surg Eyesite Pc 902 49th Street		Transaction ID: CH411S681627
City Brooklyn State NY Zip Code 11219-2922	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 365.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	980.00
<b>TOTAL</b> 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 / 96
	<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)  
E. Ronald Salvitti

Mailing Address 750 East Beau Street  
Southwestern Pa Eye Center

City Washington State PA Zip Code 15301-6661

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  
09 / 02 / 2005

Transaction ID: 0503561

Amount of Each Receipt this Period  
300.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Eugene Martin Saravitz

Mailing Address Bethlehem Eye Assoc  
1530 8th Avenue

City Bethlehem State PA Zip Code 18018-1883

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  
09 / 07 / 2005

Transaction ID: CH41BE815785

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address 2222 6th Avenue

City Troy State NY Zip Code 12180-2203

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

Name of Employer self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 29 / 2005

Transaction ID: 06595-17091006040573

Amount of Each Receipt this Period  
125.00

PAC 2nd of 4

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>790.00</b>
<b>TOTAL</b> 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 / 96
	<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) <b>A. Kirk Scattergood</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 26 / 2005	
Mailing Address 2253 W Mason Street		<b>Transaction ID: 06595-13778322935104</b>	
City State Zip Code Green Bay WI 54303-4706	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C	PAC 2nd of 4		
Name of Employer self Occupation self Ophthalmologist	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>B. Matthew Schmidt</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address 7600 W College Drive		<b>Transaction ID: CH41BE454547</b>	
City State Zip Code Palos Heights IL 60463-1001	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Batch Tool - PAC		
Name of Employer self 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>C. Loren Schrenk</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005	
Mailing Address Suite 201 12818 Tesson Ferry Road		<b>Transaction ID: 70WP7N912773</b>	
City State Zip Code St. Louis MO 63128-2945	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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	990.00
<b>TOTAL</b> 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 / 96
	<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) <b>A.</b> Ivan Schwab		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 5	
Mailing Address Uc Davis/Department Ophthalmology 4860 Y Street Suite 2400		<b>Transaction ID:</b> 70X281101192	
City Sacramento State CA Zip Code 95817-2307	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	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) <b>B.</b> Arthur Schwartz		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 7 / 2 0 0 5	
Mailing Address Suite 950 5454 Wisconsin Avenue		<b>Transaction ID:</b> 70X4CT474363	
City Chevy Chase State MD Zip Code 20815-6901	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Joseph Schwartz		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 7 / 2 0 0 5	
Mailing Address Atlantic Retina Center Pa 31455 Winterplace Parkway		<b>Transaction ID:</b> CH40C1914848	
City Salisbury State MD Zip Code 21804-1891	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>	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>SUBTOTAL</b> of Receipts This Page (optional) .....	1230.00
<b>TOTAL</b> 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 / 96
	<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)

<b>A.</b> 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. <b>C</b> 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		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>0</td><td>9</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: 0629203 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Batch Tool - PAC	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	2		2	0	0	5	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	2		2	0	0	5														
500.00																							

<b>B.</b> 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. <b>C</b> 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		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>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: CH4C2F525807 Amount of Each Receipt this Period <table border="1"> <tr> <td>365.00</td> </tr> </table> Batch Tool - PAC	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0	5	365.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	2		2	0	0	5														
365.00																							

<b>C.</b> Full Name (Last, First, Middle Initial) William Shachtman Mailing Address 1725 E Prospect Road City Fort Collins State CO Zip Code 80525-1307 FEC ID number of contributing federal political committee. <b>C</b> 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		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>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table> Transaction ID: CH4C2F684250 Amount of Each Receipt this Period <table border="1"> <tr> <td>365.00</td> </tr> </table> Batch Tool - PAC	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0	5	365.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	2		2	0	0	5														
365.00																							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1230.00</b>
<b>TOTAL</b> 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 70 / 96
	<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) <b>A. David Shepherd</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5	
Mailing Address Suite 103 41935 W 12 Mile Road		<b>Transaction ID: CH3ZVK464331</b>	
City State Zip Code Novi MI 48377-3111	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>B. M. Bruce Shields</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 5	
Mailing Address Yale Union Sch Med-Opth and Vista 330 Cedar Street PO Box 208061		<b>Transaction ID: 0103457</b>	
City State Zip Code New Haven CT 06510-3218	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>C. James Shreck</b>		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 5	
Mailing Address 1307 South Willow		<b>Transaction ID: 70X2KL364073</b>	
City State Zip Code North Platte NE 69101-6011	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		Batch Tool - PAC	
Name of Employer self Occupation self Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1615.00
<b>TOTAL</b> 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 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Piero Simone

Mailing Address 4101 Wentworth Drive

City Troy State MI Zip Code 48098-5913

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  
09 / 06 / 2005

Transaction ID: CH3ZVK910834

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Harinderjit Singh

Mailing Address Suite 201  
3685 Wheeler Road

City Augusta State GA Zip Code 30909-6446

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  
09 / 02 / 2005

Transaction ID: 0318365

Amount of Each Receipt this Period  
300.00

Batch Tool - PAC

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

Mailing Address Clearwater Eye and Laser Center  
610 Lakeview Road

City Clearview State FL Zip Code 33756-3336

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  
09 / 01 / 2005

Transaction ID: 0855012

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1165.00
<b>TOTAL</b> 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 / 96
	<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 Smith

Mailing Address 4225 Evans Avenue

City State Zip Code  
Fort Myers FL 33901-9311

FEC ID 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  
09 / 01 / 2005

Transaction ID: 0211912

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Jeffery Snow

Mailing Address South 427 Bernard

City State Zip Code  
Spokane WA 99204-2509

FEC ID 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  
09 / 26 / 2005

Transaction ID: 70X281655958

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

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

Mailing Address Attn: Barbara J.  
2403 Stockton Hill Road; Suite 1

City State Zip Code  
Kingman AZ 86401-4188

FEC ID 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  
09 / 07 / 2005

Transaction ID: CH41BE541860

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1095.00
<b>TOTAL</b> 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 / 96
	<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 Stamper

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

City State Zip Code  
San Francisco CA 94143-0001

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  
09 / 07 / 2005

Transaction ID: CH40C1852555

Amount of Each Receipt this Period  
250.00

Batch Tool - PAC

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

Mailing Address 338 Alexander Spring Road

City State Zip Code  
Carlisle PA 17013-9129

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

Name of Employer self Occupation  
self Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 09 / 2005

Transaction ID: GDQDPGAH24HC

Amount of Each Receipt this Period  
500.00

PACWEB GENERATED CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
Domenic Strazzulla

Mailing Address Suite 1A1  
500 Congress Street

City State Zip Code  
Quincy MA 02169-0908

FEC ID 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  
09 / 13 / 2005

Transaction ID: CH4FDB137204

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1115.00
<b>TOTAL</b> 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 / 96
	<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) <b>A. Marvin Talansky</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2005	
Mailing Address 3333 Fairmont Avenue		Transaction ID: CH4C2F492522	
City State Zip Code Asbury Park NJ 07712-4010	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		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>B. William Tasman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address Suite 1510 840 Walnut Street		Transaction ID: CH41BE353453	
City State Zip Code Philadelphia PA 19107-5109	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>		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>C. Richard Tax</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2005	
Mailing Address Tricounty Eye Physicians Surgeons 319 2nd Street Pike		Transaction ID: 70WUVF123462	
City State Zip Code Southampton PA 18966-3812	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. <b>C</b>		Batch Tool - PAC refunded \$265 on 12.9.0	
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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> 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 / 96
	<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)  
Stuart Terry

Mailing Address 1100 N Main Avenue

City State Zip Code  
San Antonio TX 78212-4701

FEC ID 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  
09 / 07 / 2005

Transaction ID: CH40C1838857

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Lyle Teska

Mailing Address 304 S Cottonwood Suite A

City State Zip Code  
Richardson TX 75080-5702

FEC ID 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  
09 / 02 / 2005

Transaction ID: 0376294

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Gregory Lee Thorgaard

Mailing Address 135 Deppe Lane

City State Zip Code  
Ottumwa IA 52501-1218

FEC ID 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  
09 / 13 / 2005

Transaction ID: CH4E2S700782

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1230.00
<b>TOTAL</b> 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 / 96
	<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)  
Isaac Torem

Mailing Address 2932 Youngstown Road

City Warren State OH Zip Code 44484-5259

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  
09 / 01 / 2005

**Transaction ID:** 0581853

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Sebastian Troia

Mailing Address 515 N 98th Street

City Omaha State NE Zip Code 68114-2344

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  
09 / 13 / 2005

**Transaction ID:** CH4FGS720376

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Gary Tylock

Mailing Address 3100 N Macarthur Boulevard

City Irving State TX Zip Code 75062-4451

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  
09 / 19 / 2005

**Transaction ID:** 70WP7N420876

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1365.00</b>
<b>TOTAL</b> 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 / 96
	<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) <b>A. Sara Vegh</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2005	
Mailing Address Suite 105 1880 W Winchester Road		Transaction ID: CH40C1738716	
City State Zip Code Libertyville IL 60048-5321	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>B. Michael Versackas</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2005	
Mailing Address Suite 202 1212 Pleasant Street		Transaction ID: 0500851	
City State Zip Code Des Moines IA 50309-1414	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>C. Mark Volpicelli</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2005	
Mailing Address 1174 Castro Street Suite 100		Transaction ID: CH411S823049	
City State Zip Code Mountain View CA 94040-2568	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			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1095.00
<b>TOTAL</b> 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 / 96
	<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) <b>A. Stephen Waltman</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2005	
Mailing Address 111 W Lincoln		<b>Transaction ID: CH3ZVK468359</b>	
City State Zip Code Belleville IL 62220-2019	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>B. Charles Wesley</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 12 / 2005	
Mailing Address Suite 101 18051 River Avenue		<b>Transaction ID: CH4C2F941659</b>	
City State Zip Code Noblesville IN 46062-7091	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>C. Amy Wexler</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2005	
Mailing Address 509 S Lenola Road Suite 11		<b>Transaction ID: 70WP7N974425</b>	
City State Zip Code Lenola NJ 08057-1561	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) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1230.00
<b>TOTAL</b> 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 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)

<b>A.</b> Full Name (Last, First, Middle Initial) Maynard Wheeler		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2005
Mailing Address PO Box 538 10 Sandy Brae		<b>Transaction ID:</b> CH4E2S621451
City Grantham State NH Zip Code 03753-0538	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>	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) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Thomas Whitaker		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2005
Mailing Address 900 Med Circle		<b>Transaction ID:</b> CH3YQG273413
City Myrtle Beach State SC Zip Code 29572-4114	Amount of Each Receipt this Period 625.00	
FEC ID number of contributing federal political committee. <b>C</b>	Batch Tool - PAC	
Name of Employer self Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 625.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Wayne Whitmore		Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2005
Mailing Address 116 E 68th Street		<b>Transaction ID:</b> 0071183
City New York State NY Zip Code 10021-5955	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. <b>C</b>	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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1240.00
<b>TOTAL</b> 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 / 96
	<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)  
Martyn Wills

Mailing Address 211 North Eddy Street

City State Zip Code  
South Bend IN 46617-2808

FEC ID 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  
09 / 13 / 2005

Transaction ID: CH4E2S526855

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Donald Wilson

Mailing Address 201 Pennsylvania Parkway

City State Zip Code  
Indianapolis IN 46280-2301

FEC ID 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  
09 / 26 / 2005

Transaction ID: 70X281502758

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

Mailing Address 3414 Oak Grove Avenue

City State Zip Code  
Dallas TX 75204-2375

FEC ID 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  
09 / 21 / 2005

Transaction ID: 70WRPY744227

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1365.00
<b>TOTAL</b> 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 81 / 96
	<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)  
Jonathan Wise

Mailing Address 3816 Hollywood Boulevard Suite 101

City State Zip Code  
Hollywood FL 33021-6750

FEC ID 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  
09 / 07 / 2005

Transaction ID: CH40C1368143

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Chauncey Witcraft

Mailing Address 310 Second Avenue Southwest

City State Zip Code  
Miami OK 74354-6743

FEC ID 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  
09 / 13 / 2005

Transaction ID: CH4FDB223383

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

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

Mailing Address 419 N Harrison Street

City State Zip Code  
Princeton NJ 08540-3521

FEC ID 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  
09 / 15 / 2005

Transaction ID: CH4GWY049475

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1365.00
<b>TOTAL</b> 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 / 96
	<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 Wong

Mailing Address 419 N Harrison Street

City State Zip Code  
Princeton NJ 08540-3521

FEC ID 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  
09 / 15 / 2005

Transaction ID: CH4GWY314675

Amount of Each Receipt this Period  
500.00

Batch Tool - PAC

**B.** Full Name (Last, First, Middle Initial)  
Lawrence Wright

Mailing Address Suite 150  
3100 Timmons Lane

City State Zip Code  
Houston TX 77027-5926

FEC ID 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  
09 / 07 / 2005

Transaction ID: CH41BE022526

Amount of Each Receipt this Period  
300.00

Batch Tool - PAC

**C.** Full Name (Last, First, Middle Initial)  
Robert Arthur Yohai

Mailing Address 864 Second Street

City State Zip Code  
Santa Rosa CA 95404-4610

FEC ID 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  
09 / 02 / 2005

Transaction ID: 0712250

Amount of Each Receipt this Period  
365.00

Batch Tool - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1165.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	90320.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 83 / 96	
	(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 ▼  
393.36

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 30 / 2005

**Transaction ID: 3880050510075752429**

Amount of Each Receipt this Period  
55.20

MM interest 9/05

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	55.20
<b>TOTAL</b> This Period (last page this line number only) .....	▶	55.20

**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)

<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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) AAO SURGICAL SCOPE FUND</p> <p>Mailing Address 655 BEACH ST</p> <p>City SAN FRANCISCO State CA Zip Code 94109</p> <p>Purpose of Disbursement AAO SSF funds</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> V0196270509095390912</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="05"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="200.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Union Bank</p> <p>Mailing Address 400 California Street</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Bank charges 9/05</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p><b>Transaction ID:</b> 9725410510075747992</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="05"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2130.15"/></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 85 / 96

<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) <b>A. Berkley for Congress</b>		<b>Transaction ID:</b> 6712630509023821017 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period 1000.00
City Las Vegas State NV Zip Code 89121	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Berkley Shelley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bilirakis for Congress</b>		<b>Transaction ID:</b> 5975870509215786413 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5
Mailing Address 610 S Boulevard		Amount of Each Disbursement this Period 2500.00
City Tampa State FL Zip Code 33606	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Bilirakis Gus		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Capuano for Congress Committee</b>		<b>Transaction ID:</b> 1140180509285270690 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5
Mailing Address PO Box 440305		Amount of Each Disbursement this Period 1000.00
City Somerville State MA Zip Code 02144	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Capuano Michael		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> 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 86 / 96

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A.** Charlie Melancon Campaign Committee Inc

Mailing Address 511 Congress Street  
PO Box 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement  
2006 Primary

Candidate Name  
Melancon Charlie

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: LA District: 03

Transaction ID: 4644220509154634253

Date of Disbursement

09 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Cleaver for Congress

Mailing Address 2300 Main Street Suite 1000

City Kansas City State MO Zip Code 64108

Purpose of Disbursement  
2006 Primary

Candidate Name  
Cleaver Emanuel

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MO District: 05

Transaction ID: 7003530509154689011

Date of Disbursement

09 / 19 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue Northeast

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2005 Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 7545950509023858298

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

7000.00

**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 87 / 96

<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) <b>A. Dnc Services Corporation/Democratic National Committee</b>		<b>Transaction ID:</b> 5094330509215808964 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5
Mailing Address 430 South Capitol Street Southeast		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement 2005 Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Donald A. Manzullo for Congress</b>		<b>Transaction ID:</b> 9440590509023719671 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address PO Box 7783		Amount of Each Disbursement this Period 2500.00
City Rockford State IL Zip Code 61126	Purpose of Disbursement 2006 Primary Candidate Name Manzullo Donald Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends for Jim McDermott</b>		<b>Transaction ID:</b> 7794080509023749457 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address PO Box 21786		Amount of Each Disbursement this Period 1000.00
City Seattle State WA Zip Code 98111	Purpose of Disbursement 2006 Primary Candidate Name McDermott Jim Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Sherrod Brown</b>		<b>Transaction ID:</b> 8654860509154674680 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address 2280 Kresge Drive Suite 800		Amount of Each Disbursement this Period 2500.00
City Amherst State OH Zip Code 44001		
Purpose of Disbursement 2006 Primary Candidate Name Brown Sherrod Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 00		Category/ Type
Full Name (Last, First, Middle Initial) <b>B. Hatch Election Committee Inc</b>		<b>Transaction ID:</b> 5007480509023851187 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101		
Purpose of Disbursement 2006 Primary Candidate Name Hatch Orrin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 00		Category/ Type
Full Name (Last, First, Middle Initial) <b>C. Hulshof for Congress - District 09 Missouri</b>		<b>Transaction ID:</b> 8191230509154662292 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address PO Box 1621		Amount of Each Disbursement this Period 2000.00
City Columbia State MO Zip Code 65205		
Purpose of Disbursement 2006 Primary Candidate Name Hulshof Kenny Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 09		Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> 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 89 / 96

<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><b>A.</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 Primary</p> <p>Candidate Name Kennedy Mark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 9183460509215802646</p> <p>Date of Disbursement 09 / 22 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</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 Primary</p> <p>Candidate Name Kennedy Mark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 6656860509285289787</p> <p>Date of Disbursement 09 / 29 / 2005</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p><b>C.</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 Primary</p> <p>Candidate Name Kennedy Mark</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 06</p> <p>Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 9674910509023840784</p> <p>Date of Disbursement 09 / 06 / 2005</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**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 90 / 96

<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) <b>A. Matheson for Congress</b>		<b>Transaction ID:</b> 5491720509023811162 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address 677 South 200 West Suite A		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Matheson Jim		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mike Bilirakis for Congress</b>		<b>Transaction ID:</b> 0619250509215780621 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 5
Mailing Address PO Box 1077		Amount of Each Disbursement this Period -2500.00
City Tarpon Springs State FL Zip Code 34688	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Bilirakis Michael		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Uncashed Contribution

Full Name (Last, First, Middle Initial) <b>C. Mike Bilirakis for Congress</b>		<b>Transaction ID:</b> 2887470509154614313 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address PO Box 1077		Amount of Each Disbursement this Period 2500.00
City Tarpon Springs State FL Zip Code 34688	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Bilirakis Michael		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Mike Dewine for Us Senate</b>		<b>Transaction ID:</b> 0870820509285297337 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5
Mailing Address PO Box 340188		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43234	Purpose of Disbursement 2006 Primary Candidate Name DeWine Mike Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 00		

Full Name (Last, First, Middle Initial) <b>B. Norwood for Congress</b>		<b>Transaction ID:</b> 2156580509154626758 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address PO Box 499		Amount of Each Disbursement this Period 5000.00
City Evans State GA Zip Code 30809	Purpose of Disbursement 2006 Primary Candidate Name Norwood Charlie Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 10		

Full Name (Last, First, Middle Initial) <b>C. Pete Sessions for Congress 2006</b>		<b>Transaction ID:</b> 4996040509023729030 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address Post Office Box 38585		Amount of Each Disbursement this Period 1000.00
City Dallas State TX Zip Code 75238	Purpose of Disbursement 2006 Primary Candidate Name Sessions Pete Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 32		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) <b>A. Republican National Committee</b>		<b>Transaction ID:</b> 4543130509215816200 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 5
Mailing Address 310 First Street Southeast		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement 2005 Contribution	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Rogers for Congress</b>		<b>Transaction ID:</b> 0003710509285281384 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 5
Mailing Address Post Office Box 581		Amount of Each Disbursement this Period 1000.00
City Brighton State MI Zip Code 48116	Purpose of Disbursement 2006 Primary	
Candidate Name Rogers Mike		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Roskam for Congress Committee</b>		<b>Transaction ID:</b> 1638520509023713596 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address 1919 Briarcliffe Boulevard		Amount of Each Disbursement this Period 1000.00
City Wheaton State IL Zip Code 60187-8573	Purpose of Disbursement 2006 Primary	
Candidate Name Roskam Peter		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Schwarz for Congress</b>		<b>Transaction ID:</b> 9872440509154651342 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address Post Office Box 2063		Amount of Each Disbursement this Period 1500.00
City Battle Creek State MI Zip Code 49016	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Schwarz John		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Texans for Henry Cuellar Congressional Campaign</b>		<b>Transaction ID:</b> 2140010509154682983 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 5
Mailing Address 1519 Washington Street 2nd Floor Suite 200		Amount of Each Disbursement this Period 1000.00
City Laredo State TX Zip Code 78042	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Cuellar Henry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tiberi for Congress</b>		<b>Transaction ID:</b> 3937240509023826723 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 0 5
Mailing Address 2021 E Dublin Granville Road Suite 2000		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43229	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Tiberi Pat		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A.** Tim Murphy for Congress

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement  
2006 Primary

Candidate Name  
Murphy Timothy

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Transaction ID: 2304370509023833637

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Volunteers for Shimkus

Mailing Address PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
2006 Primary

Candidate Name  
Shimkus John

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IL District: 19

Transaction ID: 7136300509023804483

Date of Disbursement

09 / 06 / 2005

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

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

50000.00

**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)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A.** W. Jackson Iliff

Mailing Address Suite 7  
4 W Rolling Crossroads

City State Zip Code  
Catonsville MD 21228-6280

Purpose of Disbursement  
PAC refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 46940-44872683286667

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

500.00

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

500.00

Image# 26970118197

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

This amended report includes previously missing Employer and Occupation information required for Itemized Reciepts.

\*\*\*\*\*