CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT **State of Nevada**

Name (print): OPHTHALMIC POLITICAL ACTION CORP.
Office (if applicable):
District (if applicable):
Mailing Address (Include city and zip code): 610 SIERRA ROSE DR., RENO, NV 89511
Telephone No.: (775) 356-7272
E-Mail Address:

Select Appropriate Box(es): ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ NONPROFIT CORP

☐ AMENDED ☐ ANNUAL FILING ☐ PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K

☐ **Annual Filing - Due January 15, 2006**
Period: January 1, 2005 – December 31, 2005

☐ **Report #1 — Due August 8, 2006***
Period: Jan 1, 2006 — Aug 3, 2006

☒ **Report #2 Due — October 31, 2006****
Period: Aug. 4, 2006 — Oct. 28, 2006

☐ **Report #3 Due — January 15, 2007*/****
Period: Oct. 27, 2006 — Dec. 31, 2006

☐ **Annual Filing – Due January 15, 2007**
Period: January 1, 2006 – December 31, 2006

FILED # 13850
OCT 30 2006
IN THE OFFICE OF
DEAN HELLER, SECRETARY OF STATE
FOR OFFICE USE ONLY

* These Reports are filed by incumbents/candidates running for office in the 2006 election cycle
** Third Report suffices for 2007 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of $100 (See page 1 of instruction sheet)	1,500.00	9,000.00
2. Total Monetary Contributions Received of $100 or Less (See page 2 of instruction sheet)		
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)		
4. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)		
5. **Total Amount of Monetary Contributions Received** (Add Lines 1 through 4) (See page 2 of instruction sheet)	1,500.00	9,000.00
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)		
7. Total Value of In Kind Contributions Received in Excess of $100 (See page 2 of instruction sheet)		

EXPENSES SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
8. Total Monetary Expenses Paid in Excess of $100 (See page 2 of instruction sheet)	12,250.00	16,250.00
9. Total Monetary Expenses Paid of $100 or Less (See page 2 of instruction sheet)		
10. **Total Amount of All Monetary Expenses Paid** (Add Lines 8 and 9) (See page 2 of instruction sheet)	12,250.00	16,250.00
11. Total Value of In Kind Expenses in Excess of $100 (See page 3 of instruction sheet)		
12. Disposition of Unspent Contributions (Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection) (See page 3 of instruction sheet)		

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature: [signature] Date: 10-30-06

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CAMPAIGN CONTRIBUTIONS

Report Period #2

OPHTHALMIC POLITICAL ACTION CORP.

Name (print) Office (if applicable) District (if applicable)

Contributions In Excess of $100 or, When Added Together from One Contributor Exceeds $100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3RD PARTY IF LOAN GUARANTEED BY 3RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
L. ALAN JOHNSON 950 RYLAND ST. RENO, NV 89502	9/20/06	1,000.00			
PAUL W. NISS 2690 LAKERIDGE W. RENO, NV 89509	9/20/06	500.00			

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CAMPAIGN EXPENSES Report Period #2

Ophthalmic Political Action Corp.

Name (print) Office (if applicable) District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

*** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.*

CAMPAIGN EXPENSES Report Period #2

Ophthalmic Political Action Corp.
Name (print) Office (if applicable) District (if applicable)

Expenses in Excess of $100
Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
RANDOLPH TOWNSEND 6026 PLUMAS RENO, NV 89506	J	9/1/06	1,500.00
WARREN HARDY 5070 ARVILLE, STE. 4 LAS VEGAS, NV 89118	J	9/1/06	1,500.00
BARBARA BUCKLEY 5442 HOLBROOK DR. LAS VEGAS, NV 89103	J	9/1/06	1,000.00
JOHN OCEGUERA 7655 CHAUMONT ST LAS VEGAS, NV 89123	J	9/1/06	1,000.00
MARCUS CONKLIN 1600 PALMAE WAY LAS VEGAS, NV 89128	J	9/1/06	1,000.00
HEIDI GANSERT 316 CALIFORNIA AVE. #302 RENO, NV 89509	J	9/1/06	1,000.00
JOE HARDY P.O. BOX 60306 BOULDER CITY, NV 89006	J	9/1/06	1,000.00
GARN MABEY 1404 SILVER OAKS ST. LAS VEGAS NV 89117	J	9/1/06	1,000.00
MAJORITY LEADERS FUND PO BOX 27772 LAS VEGAS, NV 89126	J	9/1/06	1,000.00
MAURICE WASHINGTON P.O. BOX 1166 SPARKS, NV 89432	J	10/1/06	1,000.00
BERNIE MATTHEWS P.O. BOX 7176 RENO, NV 89510	J	10/1/06	750.00
DIANE STEEL 829 McAFEE CT. LAS VEGAS, NV 89110	J	10/12/06	250.00

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CAMPAIGN EXPENSES Report Period # 2

OPTIMUM POLITICAL ACTION CORP.

Name (print) Office (if applicable) District (if applicable)

Expenses in Excess of $100

Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
NANCY SAITA PO BOX 966 LAS VEGAS, NV 89125	J	10/12/06	250.00

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