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** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00196246

3. IS THIS REPORT — NEW (N) **OR** — X — 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)	X 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 08 01 2003 through 08 31 2003

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: Carol Beatty, Treasurer

Signature of Treasurer: Electronically Filed by Carol Beatty, Treasurer — Date 01 06 2004

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

Office Use Only							

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From: 08 01 2003 To: 08 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2003		315692.39
(b) Cash on Hand at Begining of Reporting Period	294511.43	
(c) Total Receipts (from Line 19)	70424.40	227746.69
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	364935.83	543639.08
7. Total Disbursements (from Line 31)	54838.90	233542.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	310096.93	310096.93
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
OF RECEIPTS

Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 08 01 2003 To: 08 31 2003

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		
(i) Itemized (use Schedule A)	51387.08	
(ii) Unitemized	18984.51	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	70371.59	227161.91
(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) ▶	70371.59	227161.91
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.)	52.81	584.78
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))	70424.40	227746.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	70424.40	227746.69

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	838.90	5342.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	838.90	5342.15
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	54000.00	225500.00
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	0.00	2700.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	2700.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	54838.90	233542.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	54838.90	233542.15

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)	70371.59	227161.91
34. Total Contribution Refunds (from Line 28(d))	0.00	2700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70371.59	224461.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	838.90	5342.15
37. Offsets to Operating Expenditures (from Line 15. page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	838.90	5342.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 63
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial)
Balamurali Ambati
Mailing Address 288 Camelback Ct
City: Augusta | State: GA | Zip Code: 30907-9421
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: 08 01 2003
Transaction ID: 0813200325C42836
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Richard Angrist
Mailing Address 381D River Rd
City: Point Pleasant | State: NJ | Zip Code: 08742-
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: 08 26 2003
Transaction ID: 0912200340C43023
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Charles Barr
Mailing Address Dept Ophth/Univ Louisville
301 E Muhammad Ali Blvd
City: Louisville | State: KY | Zip Code: 40202-1594
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: 08 04 2003
Transaction ID: D8132D0325C428B7
Amount of Each Receipt this Period: 365.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 63
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[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
J Bronwyn Bateman
Mailing Address Rocky Mountain Lions Eye Inst
Campus Box F-731, PO Box 6510
City: Aurora | State: CO | Zip Code: 80045-
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: 682.50

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42848
Amount of Each Receipt this Period: 91.25
Receipt

B. Full Name (Last, First, Middle Initial)
Rulon Deam Beesley
Mailing Address #102
44404 16th St W
City: Lancaster | State: CA | Zip Code: 93534-2839
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: 08 11 2003
Transaction ID: 0812200340C42985
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Michael Belin
Mailing Address 7 Old English Rd
City: Slingerlands | State: NY | Zip Code: 12159-9101
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 08 01 2003
Transaction ID: D8132D0325C42829
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **466.25**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 63
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
William Beneventa
Mailing Address Eye Surgeons Associates
1351 W Central Park Ste 1200
City: Davenport | State: IA | Zip Code: 52804-
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: 08 08 2003
Transaction ID: 0813200325C42930
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Stephen Blaydes
Mailing Address 1109 W. Cumberland Road
PO Box 1380
City: Bluefield | State: WV | Zip Code: 24701-
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: 08 01 2003
Transaction ID: 0813200325C42805
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Christopher Blodi
Mailing Address 1501 50th Street Ste 133
City: West Des Moines | State: IA | Zip Code: 50266-
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: 08 11 2003
Transaction ID: D9122D0340C429B8
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
L Lothaire Bluth
Mailing Address 1818 East Southern Ave Ste 18
City: Mesa | State: AZ | Zip Code: 85204-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 08 26 2003
Transaction ID: 0912200340C43037
Amount of Each Receipt this Period: 400.00
Receipt

B. Full Name (Last, First, Middle Initial)
Paul Brailsford
Mailing Address Ste 303
801 N Tustin Ave
City: Santa Ana | State: CA | Zip Code: 92705-3601
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: 08 01 2003
Transaction ID: 0813200325C42815
Amount of Each Receipt this Period: 125.00
Receipt

C. Full Name (Last, First, Middle Initial)
Stephen Breaud
Mailing Address 7898 Goodwood Blvd
City: Baton Rouge | State: LA | Zip Code: 70808-
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: 08 08 2003
Transaction ID: 0813200325C42921
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1025.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Thomas Byrd
Mailing Address 3877 Fort Street
City: Lincoln Park | State: MI | Zip Code: 48146-
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: 08 26 2003
Transaction ID: 0912200340C43072
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Louis Ray Cain
Mailing Address 2828 Highway 31 S
City: Decatur | State: AL | Zip Code: 35603-
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: 08 26 2003
Transaction ID: 0912200340C43041
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Douglas Carlson
Mailing Address 1719 Tower Dr W #100
City: Stillwater | State: MN | Zip Code: 55082-7512
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: 08 08 2003
Transaction ID: D8132D0325C42922
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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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 Carroll
Mailing Address 3560 W 95th St
City: Evergreen Park | State: IL | Zip Code: 60805-2701
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: 08 05 2003
Transaction ID: 0813200325C42869
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
John Choi
Mailing Address 27W213 Heather Ln
City: Winfield | State: IL | Zip Code: 60190-
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: 08 26 2003
Transaction ID: 0912200340C43021
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
S William Clark
Mailing Address 502 Isabella St
City: Waycross | State: GA | Zip Code: 31501-
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: 08 11 2003
Transaction ID: 0912200340C42987
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 63
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X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Kimberly Cockerham
Mailing Address 329 Marberry Dr
City: Pittsburgh | State: PA | Zip Code: 15215-
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: 08 26 2003
Transaction ID: 0912200340C43024
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Mary Louise Collins
Mailing Address Gter Balt MC Pavillion W
6569 N Charles St Ste 505
City: Baltimore | State: MD | Zip Code: 21204-5809
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: 08 27 2003
Transaction ID: 0912200340C43161
Amount of Each Receipt this Period: 125.00
Receipt

C. Full Name (Last, First, Middle Initial)
Kim Cooper
Mailing Address Ste 235
1720 El Camino Real
City: Burlingame | State: CA | Zip Code: 94010-3213
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: 08 26 2003
Transaction ID: 0912200340C43078
Amount of Each Receipt this Period: 500.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 13 / 63
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Steven Robert Corwin
Mailing Address Suite 34
3565 Austell Rd
City: Marietta | State: GA | Zip Code: 30008-
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: 08 11 2003
Transaction ID: 0912200340C42981
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Gary Cowan
Mailing Address Ste 3200
1350 S Main St
City: Fort Worth | State: TX | Zip Code: 76104-7669
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42818
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Anna Luisa Di Lorenzo
Mailing Address Ste B
2877 Crooks Rd
City: Troy | State: MI | Zip Code: 48084-4717
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 08 01 2003
Transaction ID: D8132D0325C42833
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 63
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Eric Donnenfeld
Mailing Address 2000 North Village Ave Ste 402
City: Rockville Centre | State: NY | Zip Code: 11570-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 08 11 2003
Transaction ID: 0912200340C42994
Amount of Each Receipt this Period: 400.00
Receipt

B. Full Name (Last, First, Middle Initial)
Mark Drabkin
Mailing Address 3707 Maidu Place
City: Davis | State: CA | Zip Code: 95616-
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: 08 01 2003
Transaction ID: 0813200325C42844
Amount of Each Receipt this Period: 125.00
Receipt

C. Full Name (Last, First, Middle Initial)
Omar Duker
Mailing Address 1020 West Buena Vista Road
City: Evansville | State: IN | Zip Code: 47710-
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: 08 01 2003
Transaction ID: D8132D0325C42842
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 63
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Tina Eckhardt
Mailing Address 8920 28th Street Ct
City: Milan | State: IL | Zip Code: 61264-3548
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: 08 27 2003
Transaction ID: 0912200340C43134
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
William Ehlers
Mailing Address 125 Secret Lake Rd
City: Avon | State: CT | Zip Code: 06001-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42832
Amount of Each Receipt this Period: 125.00
Receipt

C. Full Name (Last, First, Middle Initial)
Richard Andrew Erdey
Mailing Address 5965 E Broad St Ste 490
City: Columbus | State: OH | Zip Code: 43213-
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: 08 04 2003
Transaction ID: D8132D0325C428B6
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **875.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 63
(check only one)
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Ronald Leigh Fellman
Mailing Address Greenville Med Tower
7150 Greenville Ave #300
City: Dallas State: TX Zip Code: 75231-
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: 08 04 2003
Transaction ID: 0813200325C42901
Amount of Each Receipt this Period: 365.00
Receipt

B. Full Name (Last, First, Middle Initial)
Richard Fish
Mailing Address Vitreoretinal Cnslts
6560 Fannin Ste 750
City: Houston State: TX Zip Code: 77030-
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: 08 11 2003
Transaction ID: 0813200325C42909
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Ronald Foltz
Mailing Address 1000 Fowler Way Ste 2
City: Placerville State: CA Zip Code: 95667-
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: 08 14 2003
Transaction ID: D9122D0340C42967
Amount of Each Receipt this Period: 365.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 63
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Gerald Ford
Mailing Address 2800 South Rural Rd
City: Tempe | State: AZ | Zip Code: 85282-
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: 08 11 2003
Transaction ID: 0813200325C42913
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
William Forrest
Mailing Address Eye Clinic of Yakima
311 S Tenth Ave
City: Yakima | State: WA | Zip Code: 98902-
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: 08 01 2003
Transaction ID: 0813200325C42854
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Rafael Gallardo
Mailing Address PO Box 362158
City: San Juan | State: PR | Zip Code: 00936-2158
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: 08 01 2003
Transaction ID: 0813200325C42824
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 63
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
S Samuel Gelbart
Mailing Address 490 Post St Ste 640
City: San Francisco | State: CA | Zip Code: 94102-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42816
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Paul Goldstein
Mailing Address Ste 170
280 W Kinnickinnic Parkway
City: Milwaukee | State: WI | Zip Code: 53215-
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: 08 29 2003
Transaction ID: 0912200340C43115
Amount of Each Receipt this Period: 365.00
Receipt

C. Full Name (Last, First, Middle Initial)
Scott Grant
Mailing Address Ste 285
301 W Bastanchury Rd
City: Fullerton | State: CA | Zip Code: 92835-
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: 08 27 2003
Transaction ID: 0912200340C43148
Amount of Each Receipt this Period: 250.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 63
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
William Griffith
Mailing Address 812 University Avenue
City: Syracuse | State: NY | Zip Code: 13210-
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: 08 26 2003
Transaction ID: 0912200340C43035
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
John Lawrence Gunn
Mailing Address Carle Clinic Association
602 W University Ave
City: Urbana | State: IL | Zip Code: 61801-2530
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: 08 29 2003
Transaction ID: 0912200340C43119
Amount of Each Receipt this Period: 1000.00
Receipt

C. Full Name (Last, First, Middle Initial)
John Hagan
Mailing Address Discover Vision Ctrs
9401 North Oak Trafficway Ste 200
City: Kansas City | State: MO | Zip Code: 64155-
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: 08 26 2003
Transaction ID: 0912200340C43067
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 63
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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 Ln Ste B
City: Garland | State: TX | Zip Code: 75042-7907
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42822
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Cynthia Hampton
Mailing Address 451 Ruin Creek Rd
Ste 2D4
City: Henderson | State: NC | Zip Code: 27536-
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: 1023.75

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42828
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Timothy Henley
Mailing Address Cedar Run Eye Center
3830 W Front St
City: Traverse City | State: MI | Zip Code: 49684-
FEC ID number of contributing federal political committee: C
Name of Employer: CEDAR RUN EYE CENTER
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 11 2003
Transaction ID: D8132D0325C42915
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 21 / 63
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
John Patrick Hanlon
Mailing Address Mary Potter Pavillion Ste 401
2850 W 95th St
City: Evergreen Park | State: IL | Zip Code: 60805-2735
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: 08 11 2003
Transaction ID: 0912200340C42987
Amount of Each Receipt this Period: 365.00
Receipt

B. Full Name (Last, First, Middle Initial)
David Harris
Mailing Address 1928 Alcoa Hwy
Ste 324
City: Knoxville | State: TN | Zip Code: 37920-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 615.00

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42800
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Walter Hertel
Mailing Address Southern Ohio Medical Park
89 Sylvania
City: Dayton | State: OH | Zip Code: 45440-
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: 08 14 2003
Transaction ID: 0912200340C42958
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 980.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Andrea Norvatny Hess
Mailing Address 2401 P G A Blvd
Ste 150
City: Palm Beach Gardens | State: FL | Zip Code: 33410-3515
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: 08 26 2003
Transaction ID: 0912200340C43093
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
R Mark Hedfield
Mailing Address PO Box 3970
City: Charleston | State: WV | Zip Code: 25339-
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: 08 11 2003
Transaction ID: 0813200325C42919
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Paul Henry
Mailing Address 2420 Common
City: Fayetteville | State: AR | Zip Code: 72703-
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: 385.00

Date of Receipt: 08 05 2003
Transaction ID: D8132D0325C42939
Amount of Each Receipt this Period: 385.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1385.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dale Heuer
Mailing Address The Eye Institute
925 N 87th St
City: Milwaukee State: WI Zip Code: 53226-4812
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42808
Amount of Each Receipt this Period: 125.00
Receipt

B. Full Name (Last, First, Middle Initial)
Patrick Higgins
Mailing Address 134 Rutgers Pl
City: Nutley State: NJ Zip Code: 07110-1833
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 273.75

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42812
Amount of Each Receipt this Period: 91.25
Receipt

C. Full Name (Last, First, Middle Initial)
Stephen Higgins
Mailing Address Kalamazoo Ophthalmology PC
3412 W Centre St
City: Portage State: MI Zip Code: 49024-
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: 08 01 2003
Transaction ID: D8132D0325C42851
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **341.25**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 63
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[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Lawrence Hoffman
Mailing Address Ste 200
23800 Orchard Lake Rd
City: Farmington Hills | State: MI | Zip Code: 48336-2562
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: 08 19 2003
Transaction ID: 0912200340C42998
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Susan Hughes
Mailing Address 1765 S Springdale Rd Ste B2
City: Cherry Hill | State: NJ | Zip Code: 08003-
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: 08 26 2003
Transaction ID: 0912200340C43012
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Leonard Joffe
Mailing Address St Josephs Medical Plaza
6561 East Carondelet Drive
City: Tucson | State: AZ | Zip Code: 85710-
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: 08 26 2003
Transaction ID: 0912200340C43079
Amount of Each Receipt this Period: 365.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 25 / 63
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Mark Johnson
Mailing Address Arizona Med Clinic
13640 N Plaza del Rio Blvd
City: Peoria | State: AZ | Zip Code: 85381-
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: 08 26 2003
Transaction ID: 0912200340C43083
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Carol Johnston
Mailing Address Office Park Eye Center
6 Office Park Dr
City: Jacksonville | State: NC | Zip Code: 28546-
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: 08 11 2003
Transaction ID: 0813200325C42906
Amount of Each Receipt this Period: 365.00
Receipt

C. Full Name (Last, First, Middle Initial)
Leslie Jones
Mailing Address 5803 Summers Grove Rd
City: Alexandria | State: VA | Zip Code: 22304-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 273.75

Date of Receipt: 08 01 2003
Transaction ID: D8132D0325C42831
Amount of Each Receipt this Period: 91.25
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **758.25**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 63
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Paul Jones
Mailing Address 1550 Riverside Avenue
City: Jacksonville | State: FL | Zip Code: 32204-4125
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: 08 01 2003
Transaction ID: 0813200325C42819
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Emilio Justo
Mailing Address 19052 N R H Johnson Blvd
City: Sun City West | State: AZ | Zip Code: 85375-4401
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: 08 01 2003
Transaction ID: 0813200325C42846
Amount of Each Receipt this Period: 125.00
Receipt

C. Full Name (Last, First, Middle Initial)
Jeffrey Ward Kalenak
Mailing Address 2800 N Mayfair Rd Ste 600
City: Milwaukee | State: WI | Zip Code: 53226-
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: 08 26 2003
Transaction ID: D9122D0340C43017
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 63
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Martin Kaplan
Mailing Address Southdale Eye Clinic
6533 Drew Ave S
City: Edina | State: MN | Zip Code: 55435-
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: 08 11 2003
Transaction ID: 0813200325C42910
Amount of Each Receipt this Period: 365.00
Receipt

B. Full Name (Last, First, Middle Initial)
Michael Walker Kelly
Mailing Address Ste 104
4201 Lake Boone Trl
City: Raleigh | State: NC | Zip Code: 27607-7511
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: 08 27 2003
Transaction ID: 0912200340C43143
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Dennis Khoury
Mailing Address 8118 Bustleton Ave
City: Philadelphia | State: PA | Zip Code: 19152-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 08 15 2003
Transaction ID: 0912200340C42953
Amount of Each Receipt this Period: 400.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1265.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 63
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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 Kimbrough
Mailing Address Houston Eye Associates
2855 Gramercy St
City: Houston | State: TX | Zip Code: 77025-1635
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: 08 19 2003
Transaction ID: 0912200340C43009
Amount of Each Receipt this Period: 365.00
Receipt

B. Full Name (Last, First, Middle Initial)
David Kinsler
Mailing Address 426 W Main St
City: Salem | State: VA | Zip Code: 24153-
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: 08 11 2003
Transaction ID: 0912200340C42983
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
John Kunesh
Mailing Address Kunesh Eye Ctr
2601 Far Hills Ave
City: Dayton | State: OH | Zip Code: 45419-1634
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: 08 08 2003
Transaction ID: D8132D0325C42928
Amount of Each Receipt this Period: 500.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Jeffrey Lander
Mailing Address 309 Leader Hts Rd
City: York | State: PA | Zip Code: 17402-
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: 08 08 2003
Transaction ID: 0813200325C42932
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Dean Larson
Mailing Address 15 Carrotwood Ct
City: Fort Myers | State: FL | Zip Code: 33919-
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: 08 27 2003
Transaction ID: 0912200340C43156
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Paul Lee
Mailing Address Duke Eye Center
Box 3802 Erwin Rd
City: Durham | State: NC | Zip Code: 27710-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 08 01 2003
Transaction ID: D8132D0325C42825
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
Andrew Levada
Mailing Address The Eye Care Group PC
1201 W Main St Ste 100
City: Waterbury | State: CT | Zip Code: 06708-
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: 08 27 2003
Transaction ID: 0912200340C43155
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
David Lightman
Mailing Address 1705 Warren Ave Ste 3D2
City: Williamsport | State: PA | Zip Code: 17701-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42810
Amount of Each Receipt this Period: 125.00
Receipt

C. Full Name (Last, First, Middle Initial)
Douglas Litchfield
Mailing Address 823 Munich Dr
City: Bismarck | State: ND | Zip Code: 58504-
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: 08 14 2003
Transaction ID: 0912200340C42966
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **790.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Lawrence Loewenthal
Mailing Address 44650 Delco Blvd
City: Sterling Heights | State: MI | Zip Code: 48313-1024
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: 08 04 2003
Transaction ID: 0813200325C42891
Amount of Each Receipt this Period: 365.00
Receipt

B. Full Name (Last, First, Middle Initial)
David Loewy
Mailing Address 407 Ave K SE
City: Winter Haven | State: FL | Zip Code: 33880-
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: 08 01 2003
Transaction ID: 0813200325C42798
Amount of Each Receipt this Period: 365.00
Receipt

C. Full Name (Last, First, Middle Initial)
James Long
Mailing Address 1020 Liberty Street SE
City: Salem | State: OR | Zip Code: 97302-
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: 08 26 2003
Transaction ID: D9122D0340C43085
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1095.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Kevin Lorenz
Mailing Address Eye Clinic of N Dakota
620 N 6th St
City: Bismarck State: ND Zip Code: 58501-
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: 08 11 2003
Transaction ID: 0912200340C42993
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Ben Lowery
Mailing Address 105 Central Ave
City: Searcy State: AR Zip Code: 72143-
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: 08 11 2003
Transaction ID: 0813200325C42908
Amount of Each Receipt this Period: 365.00
Receipt

C. Full Name (Last, First, Middle Initial)
Robert Keller Maloney
Mailing Address Maloney Vision Inst
10921 Wilshire Blvd Ste 900
City: Los Angeles State: CA Zip Code: 90024-
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: 08 26 2003
Transaction ID: D9122D0340C43039
Amount of Each Receipt this Period: 500.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Rudy Manhei
Mailing Address 2598 Windmill Pkwy
City: Henderson | State: NV | Zip Code: 89014-5357
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: 08 01 2003
Transaction ID: 0813200325C42837
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Mick Manzi
Mailing Address 11100 Warner Ave Ste 214
City: Fountain Valley | State: CA | Zip Code: 92708-7511
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: 08 04 2003
Transaction ID: 0813200325C42869
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Mark Christophe Maria
Mailing Address 150 Quail Lane
City: Lebanon | State: PA | Zip Code: 17042-9403
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 08 01 2003
Transaction ID: D8132D0325C42826
Amount of Each Receipt this Period: 250.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Malcolm Mazow
Mailing Address 2855 Gramercy
City: Houston | State: TX | Zip Code: 77025-
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 875.00

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42814
Amount of Each Receipt this Period: 125.00
Receipt

B. Full Name (Last, First, Middle Initial)
Anne Elizabeth Miller
Mailing Address Cheyenne Eye Clinic
1300 E 20th St
City: Cheyenne | State: WY | Zip Code: 82001-
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: 08 01 2003
Transaction ID: 0813200325C42841
Amount of Each Receipt this Period: 125.00
Receipt

C. Full Name (Last, First, Middle Initial)
Michael Miller
Mailing Address 2480 S Downing St #100
City: Denver | State: CO | Zip Code: 80210-
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42823
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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

A. Full Name (Last, First, Middle Initial)
James Murphy
Mailing Address 5202 Faraon St
City: St Joseph | State: MO | Zip Code: 64506-3809
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: 08 04 2003
Transaction ID: 0813200325C42893
Amount of Each Receipt this Period: 365.00
Receipt

B. Full Name (Last, First, Middle Initial)
Janet Neigel
Mailing Address Neigel Ctr PA
101 Old Short Hills Rd Ste 204
City: West Orange | State: NJ | Zip Code: 07052-
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: 08 26 2003
Transaction ID: 0912200340C43098
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
T Hunter Newsom
Mailing Address 550 Sunset Pointe Dr
City: Lake Placid | State: FL | Zip Code: 33852-9158
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: 08 26 2003
Transaction ID: 0912200340C43081
Amount of Each Receipt this Period: 250.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
William Nunery
Mailing Address 7404 N Park Ave
City: Indianapolis | State: IN | Zip Code: 46240-3029
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: 08 14 2003
Transaction ID: 0912200340C42964
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Kevin OBrien
Mailing Address Ste 406
1565 N Main St
City: Fall River | State: MA | Zip Code: 02720-2917
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: 08 11 2003
Transaction ID: 0912200340C42991
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
S Richard Ombres
Mailing Address 1000 N Olive Ave
City: West Palm Beach | State: FL | Zip Code: 33401-
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: 333.33

Date of Receipt: 08 29 2003
Transaction ID: 0912200340C43120
Amount of Each Receipt this Period: 333.33
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1133.33**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Gregory Panzo
Mailing Address 2037 Crooked Lake Estates Ln
City: Eustis | State: FL | Zip Code: 32726-5721
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 26 2003
Transaction ID: 0912200340C43066
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Paul Donald Pare
Mailing Address 304 SE Hospital Ave
City: Stuart | State: FL | Zip Code: 34994-
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: 08 04 2003
Transaction ID: 0813200325C42894
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
David Parke
Mailing Address Dean A McGee Eye Inst
608 Stanton L Young Blvd
City: Oklahoma City | State: OK | Zip Code: 73104-5014
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42821
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1250.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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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 Parmet
Mailing Address 9150 Crawford Ave
City: Skokie | State: IL | Zip Code: 60076-1789
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: 08 26 2003
Transaction ID: 0912200340C43088
Amount of Each Receipt this Period: 365.00
Receipt

B. Full Name (Last, First, Middle Initial)
Stephen Perkins
Mailing Address Southeastern Retina Associates
1124 E Weisgarber Rd Ste 207
City: Knoxville | State: TN | Zip Code: 37909-2696
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: 08 11 2003
Transaction ID: 0912200340C42980
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Priscilla Perry
Mailing Address 5449 S Dunrobin Dr
City: Springfield | State: MO | Zip Code: 65809-4802
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 400.00

Date of Receipt: 08 14 2003
Transaction ID: 0912200340C42968
Amount of Each Receipt this Period: 200.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 865.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Daniel Petashnick
Mailing Address 732 Main St
City: Manchester | State: CT | Zip Code: 06040-5106
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: 08 19 2003
Transaction ID: 0912200340C43011
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Lawrence Piazza
Mailing Address PO Box 1539
City: Blue Hill | State: ME | Zip Code: 04614-1539
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: 08 01 2003
Transaction ID: 0813200325C42801
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Peter Pritchett
Mailing Address 1800 East Pavilion Place St B
City: Montrose | State: CO | Zip Code: 81401-
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: 08 26 2003
Transaction ID: 0912200340C43047
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 63
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Norman Radtke
Mailing Address Ste 240
3 Audubon Plza Dr
City: Louisville | State: KY | Zip Code: 40217-
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: 08 19 2003
Transaction ID: 0912200340C43007
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Herold Reeves
Mailing Address 1127 Wilshire #504
City: Los Angeles | State: CA | Zip Code: 90017-
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: 600.00

Date of Receipt: 08 04 2003
Transaction ID: 0813200325C42862
Amount of Each Receipt this Period: 600.00
Receipt

C. Full Name (Last, First, Middle Initial)
Deborah Reeder
Mailing Address 1355 Yauger Rd
City: Mount Vernon | State: OH | Zip Code: 43050-
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: 08 19 2003
Transaction ID: D9122D0340C430D8
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1600.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 63
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Susan Jane Reif
Mailing Address 205 Norton St
City: Duluth | State: MN | Zip Code: 55803-
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: 08 26 2003
Transaction ID: 0912200340C43099
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
David Ringel
Mailing Address 101 A Kings Way West
City: Sewell | State: NJ | Zip Code: 08080-2233
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: 08 27 2003
Transaction ID: 0912200340C43153
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Charles Robbins
Mailing Address Institute of Total Eye Care
4255 Carmichael Court North
City: Montgomery | State: AL | Zip Code: 36106-
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: 08 26 2003
Transaction ID: 0912200340C43026
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 63
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Harvey Rosenblum
Mailing Address 220 Madison Ave
City: New York | State: NY | Zip Code: 10016-
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: 08 04 2003
Transaction ID: 0813200325C42870
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Michael Ruddat
Mailing Address Ste 822
85 Seymour St
City: Hartford | State: CT | Zip Code: 06106-5527
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: 08 04 2003
Transaction ID: 0813200325C42892
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
James Ruppel
Mailing Address Ste 105
834 N Seminary St
City: Galesburg | State: IL | Zip Code: 61401-2652
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: 08 27 2003
Transaction ID: D9122D0340C43129
Amount of Each Receipt this Period: 365.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 63
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[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
William Schlichtemeier
Mailing Address 13923 Gold Cir
City: Omaha | State: NE | Zip Code: 68144-
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: 08 04 2003
Transaction ID: 0813200325C42877
Amount of Each Receipt this Period: 365.00
Receipt

B. Full Name (Last, First, Middle Initial)
Ronald Seff
Mailing Address Golden Ring Executive Pk
19 Fontana Ln Ste 108
City: Baltimore | State: MD | Zip Code: 21237-
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: 08 15 2003
Transaction ID: 0912200340C42954
Amount of Each Receipt this Period: 365.00
Receipt

C. Full Name (Last, First, Middle Initial)
John Sheppard
Mailing Address Medical Tower Ste 403
400 Gresham Dr
City: Norfolk | State: VA | Zip Code: 23507-1501
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42809
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **855.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
James Shreck
Mailing Address 1307 South Willow
City: North Platte | State: NE | Zip Code: 69101-
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: 08 14 2003
Transaction ID: 0912200340C42962
Amount of Each Receipt this Period: 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
David Shulman
Mailing Address 999 East Basse Suite #127
City: San Antonio | State: TX | Zip Code: 78209-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42820
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
David Silbert
Mailing Address Family Eye Group
2110 Harrisburg Pike
City: Lancaster | State: PA | Zip Code: 17601-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 08 01 2003
Transaction ID: D8132D0325C42813
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1375.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 63
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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Jack Sipperley
Mailing Address 1101 E Missouri Ave
City: Phoenix | State: AZ | Zip Code: 85014-2709
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: 08 08 2003
Transaction ID: 0813200325C42923
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Gary Sole
Mailing Address PO Box 430
City: Lapeer | State: MI | Zip Code: 48446-
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: 08 11 2003
Transaction ID: 0912200340C42966
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
James Sprague
Mailing Address 1515 Chain Bridge Rd #G-20
City: McLean | State: VA | Zip Code: 22101-
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: 08 14 2003
Transaction ID: 0912200340C42959
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
S Allen Stocks
Mailing Address 1330 Interstate Pky
City: Augusta | State: GA | Zip Code: 30909-
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: 08 27 2003
Transaction ID: 0912200340C43160
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Charles Sung
Mailing Address Retina Laser Eye Ctr
7525 W Deschutes Pl Ste 1
City: Kennewick | State: WA | Zip Code: 99336-
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: 08 01 2003
Transaction ID: 0813200325C42843
Amount of Each Receipt this Period: 125.00
Receipt

C. Full Name (Last, First, Middle Initial)
Russell Swann
Mailing Address Ste 301
405 Londonderry Dr
City: Waco | State: TX | Zip Code: 76712-7522
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: 580.00

Date of Receipt: 08 19 2003
Transaction ID: 0912200340C43006
Amount of Each Receipt this Period: 80.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **455.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Gareth Tabor
Mailing Address 27 South State St Ste 240
City: Lake Oswego | State: OR | Zip Code: 97034-
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: 08 26 2003
Transaction ID: 0912200340C43097
Amount of Each Receipt this Period: 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
James Tammaro
Mailing Address 151 Riviera Dr
City: Lake Havasu City | State: AZ | Zip Code: 86403-
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: 08 01 2003
Transaction ID: 0813200325C42847
Amount of Each Receipt this Period: 125.00
Receipt

C. Full Name (Last, First, Middle Initial)
Gregory Terres
Mailing Address 725 Highland Oaks Dr Ste 101
City: Winston-Salem | State: NC | Zip Code: 27103-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 08 26 2003
Transaction ID: 0912200340C43020
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1625.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
John Thomas
Mailing Address 3519 Friendsville Road
City: Wooster | State: OH | Zip Code: 44691-
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: 08 26 2003
Transaction ID: 0912200340C43029
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Gregory Lee Thorgaard
Mailing Address 135 Deppe Lane
City: Ottumwa | State: IA | Zip Code: 52501-
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: 08 11 2003
Transaction ID: 0912200340C42985
Amount of Each Receipt this Period: 365.00
Receipt

C. Full Name (Last, First, Middle Initial)
Craig Thorsted
Mailing Address 2780 Bobwallace Ave SW
City: Huntsville | State: AL | Zip Code: 35805-
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: 08 26 2003
Transaction ID: 0912200340C43082
Amount of Each Receipt this Period: 500.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 63
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Randall Tozer
Mailing Address 7301 E 2nd St Ste 200
City: Scottsdale | State: AZ | Zip Code: 85251-
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: 08 01 2003
Transaction ID: 0813200325C42845
Amount of Each Receipt this Period: 125.00
Receipt

B. Full Name (Last, First, Middle Initial)
Peter Arthur Van Houten
Mailing Address East Carolina Retina Consultants
2501 A Stantonsburg Rd
City: Greenville | State: NC | Zip Code: 27834-
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: 08 27 2003
Transaction ID: 0912200340C43142
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Mark Volpicelli
Mailing Address 1174 Castro St
Ste 100
City: Mountain View | State: CA | Zip Code: 94040-
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: 385.00

Date of Receipt: 08 26 2003
Transaction ID: 0912200340C43071
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **990.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 63
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[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
George WWong
Mailing Address Ste 302
2601 N Flagler Dr
City: West Palm Beach | State: FL | Zip Code: 33407-5542
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: 08 01 2003
Transaction ID: 0813200325C42804
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Stephen Wellman
Mailing Address 111 W Lincoln
City: Belleville | State: IL | Zip Code: 62220-
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: 08 15 2003
Transaction ID: 0912200340C42956
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Keith Warren
Mailing Address KUMC Dept of Ophthalmology
3901 Rainbow Blvd
City: Kansas City | State: KS | Zip Code: 66160-7379
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: 08 01 2003
Transaction ID: D8132D0325C42839
Amount of Each Receipt this Period: 125.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 63
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[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Robert Weisenthal
Mailing Address PO Box 48
5770 Commons Park
City: Dewitt | State: NY | Zip Code: 13214-0048
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: 08 04 2003
Transaction ID: 0813200325C42872
Amount of Each Receipt this Period: 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Barry Welsh
Mailing Address 721 Sheridan Ave Ste 280
City: Cody | State: WY | Zip Code: 82414-
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 750.00

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42827
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Andrew Wherley
Mailing Address 2399 Baker Rd SW
City: New Philadelphia | State: OH | Zip Code: 44663-7104
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: 08 26 2003
Transaction ID: D9122D0340C43074
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1615.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 63
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A. Full Name (Last, First, Middle Initial)
Thomas Whitaker
Mailing Address 900 Med Cir
City: Myrtle Beach | State: SC | Zip Code: 29572-4114
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1250.00

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42817
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Thomas Whitaker
Mailing Address 900 Med Cir
City: Myrtle Beach | State: SC | Zip Code: 29572-4114
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1500.00

Date of Receipt: 08 01 2003
Transaction ID: 0813200325C42840
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Michael Wong
Mailing Address 419 N Harrison St
City: Princeton | State: NJ | Zip Code: 08540-
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: 08 26 2003
Transaction ID: D9122D0340C43070
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 63
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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

A.
Full Name (Last, First, Middle Initial)
Sandra Yeh
Mailing Address 4920 Fox Hall Ln
City: Springfield | State: IL | Zip Code: 62707-6704
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: 08 26 2003
Transaction ID: 0912200340C43085
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Scott Zeigen
Mailing Address Suite 202-B
130 Almshouse
City: Richboro | State: PA | Zip Code: 18954-
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: 08 11 2003
Transaction ID: 0912200340C42980
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶	665.00
TOTAL This Period (last page this line number only) ▶	51387.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 63
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

A. Full Name (Last, First, Middle Initial)
Union Bank

Mailing Address PO Box 24512

City: San Francisco
State: CA
Zip Code: 94124-0512

FEC ID number of contributing federal political committee: C

Name of Employer:
Occupation:

Receipt For:
Primary General
Other (specify)

Aggregate Year-to-Date: 584.78

Date of Receipt: 08 31 2003

Transaction ID: 09122003400C43329

Amount of Each Receipt this Period: 52.81

Other Receipt

SUBTOTAL of Receipts This Page (optional)	52.81
TOTAL This Period (last page this line number only)	52.81

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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

A. Full Name (Last, First, Middle Initial)
Union Bank

Mailing Address PO Box 24512

City: San Francisco | State: CA | Zip Code: 94124-0512

Purpose of Disbursement: UB CKING ACCT EXP 8/03

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D9122D0340E3492

Date of Disbursement: 08 / 31 / 2003

Amount of Each Disbursement this Period: 838.90

UB CKING ACCT EXP 8/03

SUBTOTAL of Disbursements This Page (optional) ▶	838.90
TOTAL This Period (last page this line number only) ▶	838.90

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
Burns For Congress
Mailing Address 113 Mims St
City Sylvania | State GA | Zip Code 30467-
Purpose of Disbursement: HOUSE GA-12 DEBT RETIREMENT
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President — State: District
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) DEBT RETIREMENT

Transaction ID: D9122D0340E3469
Date of Disbursement: 08 / 21 / 2003
Amount of Each Disbursement this Period: 2500.00
HOUSE GA-12 DEBT RETIREMENT

B.
Full Name (Last, First, Middle Initial)
Burns For Congress
Mailing Address 113 Mims St
City Sylvania | State GA | Zip Code 30467-
Purpose of Disbursement: VOID CK6919 ORIG RPTD 11/02
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President — State: District
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) DEBT RETIREMENT

Transaction ID: D9122D0340E3468
Date of Disbursement: 08 / 21 / 2003
Amount of Each Disbursement this Period: -2500.00
VOID CK6919 ORIG RPTD 11/02

C.
Full Name (Last, First, Middle Initial)
Congressman Joe Barton Committee
Mailing Address PO Box 1444
City Ennis | State TX | Zip Code 75120-1444
Purpose of Disbursement: HOUSE TX-6 PRIMARY
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President — State: District
Disbursement For: 2004 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: 0912200340E3474
Date of Disbursement: 08 / 22 / 2003
Amount of Each Disbursement this Period: 2500.00
HOUSE TX-6 PRIMARY

SUBTOTAL of Disbursements This Page (optional) ▶ **2500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
Dave Camp For Congress 2004

Mailing Address PO Box 423

City Midland | State MI | Zip Code 48640-

Purpose of Disbursement
HOUSE MI-4 PRIMARY

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: 2004 — X Primary / General / Other (specify)

Transaction ID: D9122D0340E34B4
Date of Disbursement 08 / 22 / 2003

Amount of Each Disbursement this Period
1000.00

HOUSE MI-4 PRIMARY

B. Full Name (Last, First, Middle Initial)
Democratic Congl Cmpgn Committee

Mailing Address 430 S Capitol St SE

City Washington | State DC | Zip Code 20003-4080

Purpose of Disbursement
COMMITTEE CONTRIBUTION

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D9122D0340E3491
Date of Disbursement 08 / 22 / 2003

Amount of Each Disbursement this Period
5000.00

COMMITTEE CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 S Capitol St SE

City Washington | State DC | Zip Code 20003-4080

Purpose of Disbursement
COMMITTEE CONTRIBUTION

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D9122D0340E3489
Date of Disbursement 08 / 26 / 2003

Amount of Each Disbursement this Period
5000.00

COMMITTEE CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ▶ **11000.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Comm

Mailing Address 120 Maryland Ave NE

City: Washington | State: DC | Zip Code: 20002-

Purpose of Disbursement: COMMITTEE CONTRIBUTION

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D912200340E3490
Date of Disbursement: 08 / 22 / 2003

Amount of Each Disbursement this Period: 5000.00

COMMITTEE CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Friends For Jim McDermott

Mailing Address PO Box 21786

City: Seattle | State: WA | Zip Code: 98111-3786

Purpose of Disbursement: HOUSE WA-7 PRIMARY

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: 2004 — X Primary / General / Other (specify)

Transaction ID: D912200340E3481
Date of Disbursement: 08 / 22 / 2003

Amount of Each Disbursement this Period: 1000.00

HOUSE WA-7 PRIMARY

C. Full Name (Last, First, Middle Initial)
Friends of Melissa Brown

Mailing Address PO Box 498

City: Flourtown | State: PA | Zip Code: 19031-0498

Purpose of Disbursement: HOUSE PA-13 PRIMARY

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: 2004 — X Primary / General / Other (specify)

Transaction ID: D912200340E3473
Date of Disbursement: 08 / 22 / 2003

Amount of Each Disbursement this Period: 5000.00

HOUSE PA-13 PRIMARY

SUBTOTAL of Disbursements This Page (optional) ▶	**11000.00**
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)

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
Gene Green Congressional Cmpgn
Mailing Address PO Box 16128
City Houston | State TX | Zip Code 77222-6128
Purpose of Disbursement: HOUSE TX-29 PRIMARY
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President — State: District
Disbursement For: 2004 — ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: D9122D0340E3472
Date of Disbursement: 08 / 22 / 2003
Amount of Each Disbursement this Period: 2000.00
HOUSE TX-29 PRIMARY

B.
Full Name (Last, First, Middle Initial)
Hulshof For Congress
Mailing Address PO Box 1621
City Columbia | State MO | Zip Code 65205-1621
Purpose of Disbursement: HOUSE MO-9
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President — State: District
Disbursement For: 2004 — ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: D9122D0340E3476
Date of Disbursement: 08 / 22 / 2003
Amount of Each Disbursement this Period: 1000.00
HOUSE MO-9

C.
Full Name (Last, First, Middle Initial)
Mike Bilirakis For Congress
Mailing Address PO Box 1077
City Tarpon Springs | State FL | Zip Code 34688-1077
Purpose of Disbursement: HOUSE FL-9 PRIMARY
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President — State: District
Disbursement For: 2004 — ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: D9122D0340E3479
Date of Disbursement: 08 / 22 / 2003
Amount of Each Disbursement this Period: 2500.00
HOUSE FL-9 PRIMARY

SUBTOTAL of Disbursements This Page (optional) ▶ **5500.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
National Republican Congl Comm

Mailing Address 320 1st St SE

City Washington | State DC | Zip Code 20003-1826

Purpose of Disbursement
COMMITTEE CONTRIBUTION

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: D8122D0340E34B6
Date of Disbursement 08 / 22 / 2003

Amount of Each Disbursement this Period
5000.00

COMMITTEE CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Natl Republican Senatorial Campn Comm

Mailing Address Ronald Reagan Republican Center
425 2nd St NE

City Washington | State DC | Zip Code 20002-

Purpose of Disbursement
COMMITTEE CONTRIBUTION

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
Primary X General
Other (specify) ▼

Transaction ID: D8122D0340E34B7
Date of Disbursement 08 / 22 / 2003

Amount of Each Disbursement this Period
5000.00

COMMITTEE CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Pallone For Congress

Mailing Address PO Box 3176

City Long Branch | State NJ | Zip Code 07740-3176

Purpose of Disbursement
HOUSE NJ-6 PRIMARY

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
X Primary General
Other (specify) ▼

Transaction ID: D8122D0340E3482
Date of Disbursement 08 / 22 / 2003

Amount of Each Disbursement this Period
1000.00

HOUSE NJ-6 PRIMARY

SUBTOTAL of Disbursements This Page (optional) ▶ **11000.00**

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
Pete Stark Re-election Committee
Mailing Address PO Box 8331
City Fremont | State CA | Zip Code 94537-8331
Purpose of Disbursement: HOUSE CA-13 PRIMARY
Candidate Name
Category/ Type
Office Sought: House / Senate / President — State: District
Disbursement For: 2004 — X Primary / General / Other (specify)

Transaction ID: D9122D0340E3475
Date of Disbursement: 08 / 22 / 2003
Amount of Each Disbursement this Period: 1000.00
HOUSE CA-13 PRIMARY

B.
Full Name (Last, First, Middle Initial)
Johnson For Congress
Mailing Address PO Box 1986
City New Britain | State CT | Zip Code 06050-1986
Purpose of Disbursement: HOUSE CT-5 GENERAL
Candidate Name
Category/ Type
Office Sought: House / Senate / President — State: District
Disbursement For: 2004 — Primary / X General / Other (specify)

Transaction ID: D9122D0340E3485
Date of Disbursement: 08 / 22 / 2003
Amount of Each Disbursement this Period: 1000.00
HOUSE CT-5 GENERAL

C.
Full Name (Last, First, Middle Initial)
Johnson For Congress
Mailing Address PO Box 1986
City New Britain | State CT | Zip Code 06050-1986
Purpose of Disbursement: HOUSE CT-5 PRIMARY
Candidate Name
Category/ Type
Office Sought: House / Senate / President — State: District
Disbursement For: 2004 — X Primary / General / Other (specify)

Transaction ID: D9122D0340E3480
Date of Disbursement: 08 / 22 / 2003
Amount of Each Disbursement this Period: 3000.00
HOUSE CT-5 PRIMARY

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
Republican National Committee
Mailing Address 310-1st Street Se
City: Washington | State: DC | Zip Code: 20003-
Purpose of Disbursement: COMMITTEE CONTRIBUTION
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President — State: District
Disbursement For: 2004 — ☐ Primary ☒ General ☐ Other (specify)
Transaction ID: D9122D0340E34B8
Date of Disbursement: 08 / 22 / 2003
Amount of Each Disbursement this Period: 5000.00
COMMITTEE CONTRIBUTION

B.
Full Name (Last, First, Middle Initial)
Santorum 2006
Mailing Address One Tower Bridge, Suite 1440
City: Conshohocken | State: PA | Zip Code: 19428-
Purpose of Disbursement: SENATE-PA PRIMARY
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President — State: District
Disbursement For: 2004 — ☒ Primary ☐ General ☐ Other (specify)
Transaction ID: D9122D0340E3477
Date of Disbursement: 08 / 22 / 2003
Amount of Each Disbursement this Period: 1000.00
SENATE-PA PRIMARY

C.
Full Name (Last, First, Middle Initial)
Sensenbrenner Committee
Mailing Address PO Box 575
City: Brookfield | State: WI | Zip Code: 53008-
Purpose of Disbursement: HOUSE WI-5 PRIMARY
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President — State: District
Disbursement For: 2004 — ☒ Primary ☐ General ☐ Other (specify)
Transaction ID: D9122D0340E3483
Date of Disbursement: 08 / 22 / 2003
Amount of Each Disbursement this Period: 1000.00
HOUSE WI-5 PRIMARY

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)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26	
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b	

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

A. Full Name (Last, First, Middle Initial)
Stupak For Congress

Mailing Address PO Box 156

City: Menominee | State: MI | Zip Code: 49858-

Purpose of Disbursement: HOUSE MI-1 PRIMARY

Candidate Name

Category/ Type

Office Sought: House / Senate / President — State: District

Disbursement For: 2004 — X Primary / General / Other (specify)

Transaction ID: D9122D0340E3478
Date of Disbursement: 08 / 22 / 2003

Amount of Each Disbursement this Period: 1000.00

HOUSE MI-1 PRIMARY

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	54000.00