10/15/2003 17 : 02

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) X — **OR** — AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	X Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) — General (12G) — Runoff (12R) — Convention (12C) — Special (12G)

Election on _____ in the State of _____

(d) 30-Day **Post**-Election Report for the: General (30G) — Runoff (30R) — Special (30S)

Election on _____ in the State of _____

5. Covering Period 09 01 2003 through 09 30 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 10 02 2003

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

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From: 09 01 2003 To: 09 30 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	310096.93	
(c) Total Receipts (from Line 19)	53479.52	281226.21
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	363576.45	597118.60
7. Total Disbursements (from Line 31)	17948.82	251490.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	345627.63	345627.63
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: 09 01 2003 To: 09 30 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)	40373.73	
(ii) Unitemized	13047.49	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	53421.22	280583.13
(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) ▶	53421.22	280583.13
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.)	56.30	643.08
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))	53479.52	281226.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	53479.52	281226.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	1198.82	6540.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	1198.82	6540.97
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	16500.00	242000.00
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	250.00	2950.00
(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)) ▶	250.00	2950.00
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))	17948.82	251490.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	17948.82	251490.97

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	53421.22	280583.13
34. Total Contribution Refunds (from Line 28(d))	250.00	2950.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53171.22	277633.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1198.82	6540.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1198.82	6540.97

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 50
(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)
Belu Allam
Mailing Address 17202 Red Oak Dr Ste 312
City: Houston State: TX Zip Code: 77090-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 333.32

Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43208
Amount of Each Receipt this Period: 166.66
Receipt

B.
Full Name (Last, First, Middle Initial)
Balamurali Ambati
Mailing Address 1404 Bon Air Dr
City: Augusta State: GA Zip Code: 30907-4877
FEC 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: 09 02 2003
Transaction ID: 0912200340C43191
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Andrew Antoszyk
Mailing Address 5911 Laurium Rd
City: Charlotte State: NC Zip Code: 28226-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 30 2003
Transaction ID: 10012D038C43430
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 916.66

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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[X] 11a [ ] 11b [ ] 11c [ ] 12
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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 Bahr
Mailing Address: 150 E Manning St
City: Providence State: RI Zip Code: 02906-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 22 2003
Transaction ID: 10012003BC43394
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Ray Balyeat
Mailing Address: The Williams Medical Plaza
2000 S Wheeling Ave Ste 400
City: Tulsa State: OK Zip Code: 74104-5639
FEC 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: 09 02 2003
Transaction ID: 0912200340C43205
Amount of Each Receipt this Period: 91.25
Receipt

C.
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: 773.75
Date of Receipt: 09 02 2003
Transaction ID: D9122D0340C43203
Amount of Each Receipt this Period: 91.25
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 682.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) 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): Allen Dale Beck
Mailing Address: Emory Clinic, 1365-B Clifton Rd NE
City: Atlanta | State: GA | Zip Code: 30322-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43312
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial): Andrew Berman
Mailing Address: 9630 N Kenton Ave
City: Skokie | State: IL | Zip Code: 60076-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 212.89
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43189
Amount of Each Receipt this Period: 30.41
Receipt

C.
Full Name (Last, First, Middle Initial): Priscilla Berry
Mailing Address: 3532 Centenary
City: Dallas | State: TX | Zip Code: 75225-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 09 19 2003
Transaction ID: 10012D038C43383
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 695.41

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): Walter Bogart
Mailing Address: Ste 160, 110 E Medical Ln
City: West Columbia | State: SC | Zip Code: 29169-
FEC 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: 09 02 2003
Transaction ID: 0912200340C43218
Amount of Each Receipt this Period: 166.67
Receipt

B.
Full Name (Last, First, Middle Initial): John Barnes
Mailing Address: 12932 Ironwood Dr
City: Aberdeen | State: SD | Zip Code: 57401-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 03 2003
Transaction ID: 0912200340C43240
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): Paul Brailsford
Mailing Address: 801 N Tustin Ave Ste 303
City: Santa Ana | State: CA | Zip Code: 92705-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 625.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43183
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 656.67

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): Jill Brady
Mailing Address: 22 Richard St
City: Macomb | State: IL | Zip Code: 61455-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43290
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Patricia Buehler
Mailing Address: 1501 North East Medical Center Dr.
City: Bend | State: OR | Zip Code: 97701-8606
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 30 2003
Transaction ID: 100120038C43444
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Charles Campbell
Mailing Address: Ste 200
5540 Saratoga Blvd
City: Corpus Christi | State: TX | Zip Code: 78413-2553
FEC 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: 09 30 2003
Transaction ID: 10012D038C43439
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 50
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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 Capriotti
Mailing Address: 1223 13th Ave
City: Altoona State: PA Zip Code: 16601-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 25 2003
Transaction ID: 1001200380C43404
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial): Craig Cassidy
Mailing Address: 7465 E San Miguel
City: Scottsdale State: AZ Zip Code: 85250-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 312.50
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43214
Amount of Each Receipt this Period: 187.50
Receipt

C.
Full Name (Last, First, Middle Initial): Thomas Cavin
Mailing Address: 54 Timber Lane Medical Center
City: South Burlington State: VT Zip Code: 05403-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 12 2003
Transaction ID: D9192D0338C43334
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 802.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial): Anne Louise Coleman
Mailing Address: 900 Georgina Ave
City: Santa Monica | State: CA | Zip Code: 90402-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43313
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): H Paul Cooler
Mailing Address: 320A Midland Pkwy
City: Summerville | State: SC | Zip Code: 29485-8102
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 09 25 2003
Transaction ID: 100120038C43424
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Frank Cotter
Mailing Address: 3112 Allendale St
City: Roanoke | State: VA | Zip Code: 24014-
FEC 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: 09 08 2003
Transaction ID: D9122D0340C43314
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

FOR LINE NUMBER: PAGE 13 / 50
(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)
Edgar Depremont
Mailing Address 428 Courthouse Rd
PO Box 6545
City: Gulfport State: MS Zip Code: 39507-1849
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 25 2003
Transaction ID: 100120038C43422
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Daniel Dey
Mailing Address 4513 Edina Blvd
City: Minneapolis State: MN Zip Code: 55424-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 22 2003
Transaction ID: 100120038C43395
Amount of Each Receipt this Period: 365.00
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: 1500.00
Date of Receipt: 09 02 2003
Transaction ID: D9122D0340C431B8
Amount of Each Receipt this Period: 250.00
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 14 / 50

[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 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: 375.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43199
Amount of Each Receipt this Period: 125.00
Receipt

B. 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: 375.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43197
Amount of Each Receipt this Period: 125.00
Receipt

C. Full Name (Last, First, Middle Initial): Lawrence Ehrlich
Mailing Address: Koch Eye Assoc, 566 Tollgate Rd
City: Warwick | State: RI | Zip Code: 02886-
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 243.33
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43220
Amount of Each Receipt this Period: 121.67
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 371.67

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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(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)
Mary Elnick
Mailing Address 22250 Providence Dr
Ste 304
City: Southfield State: MI Zip Code: 48075-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 16 2003
Transaction ID: 10012003BC43353
Amount of Each Receipt this Period: 150.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Francis Estelita
Mailing Address Harbor Ophthalmology
1720 Sumner Ave
City: Aberdeen State: WA Zip Code: 98520-
FEC 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: 09 02 2003
Transaction ID: 0912200340C43175
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
David Fischer
Mailing Address 427 Militia Hill Rd
City: Fort Washington State: PA Zip Code: 19034-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00

Date of Receipt: 09 25 2003
Transaction ID: 10012003BC43406
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 765.00

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 / 50
(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): John Flexel
Mailing Address: Bay Eye Clinic, 3585 Broadway
City: North Bend | State: OR | Zip Code: 97459-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 22 2003
Transaction ID: 10012003BC43391
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): John Forbush
Mailing Address: 966 Cass St Ste 100
City: Monterey | State: CA | Zip Code: 93940-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43269
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Laura Fox
Mailing Address: 416 North Bedford #300
City: Beverly Hills | State: CA | Zip Code: 90210-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 08 2003
Transaction ID: D9122D0340C43325
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

FOR LINE NUMBER: PAGE 17 / 50
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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 Keith Fox
Mailing Address 22 Green Street
City: Poughkeepsie State: NY Zip Code: 12601-
FEC 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: 09 12 2003
Transaction ID: 0919200336C43344
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial)
David Friedrich
Mailing Address Ste 7
5022 Old Godsey Ln
City: Chattanooga State: TN Zip Code: 37343-6604
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 30 2003
Transaction ID: 100120038C43436
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Mark Gildenhar
Mailing Address 17 Lakeside Country Club SW
City: Lakewood State: WA Zip Code: 98498-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 365.00

Date of Receipt: 09 08 2003
Transaction ID: D9122D0340C432B6
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1865.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 18 / 50

[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): Roy Goodart
Mailing Address: 4400 S 700 E Ste 200
City: Salt Lake City | State: UT | Zip Code: 84107-
FEC 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: 09 16 2003
Transaction ID: 10012003BC43356
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial): Tom Gordon
Mailing Address: 105 McKean Rd
City: Freeport | State: PA | Zip Code: 16229-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43272
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): Randy Grossman
Mailing Address: 580 Collins Dr
City: Merced | State: CA | Zip Code: 95348-2404
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 09 25 2003
Transaction ID: 10012003BC43405
Amount of Each Receipt this Period: 2000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3365.00

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 / 50
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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): Daniel Hadded
Mailing Address: 355 E Big Beaver Rd
City: Troy | State: MI | Zip Code: 48083-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 09 25 2003
Transaction ID: 10012003BC43416
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Craig Hensle
Mailing Address: 14904 Jefferson Davis Highway Ste
City: Woodbridge | State: VA | Zip Code: 22191-
FEC 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: 09 25 2003
Transaction ID: 10012003BC43408
Amount of Each Receipt this Period: 1000.00
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: 375.00
Date of Receipt: 09 02 2003
Transaction ID: D9122D0340C432D6
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1425.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one) PAGE 20 / 50

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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 Hines
Mailing Address: Ste G-30, 2480 South Downing Street
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: 365.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43311
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial): John Hoffauer
Mailing Address: 416 North Bedford Dr Ste 300
City: Beverly Hills State: CA Zip Code: 90210-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43326
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Byron Hohm
Mailing Address: Ophthalmology, LTD, 1200 South Euclid Ave Ste 104
City: Sioux Falls State: SD Zip Code: 57105-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43282
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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FOR LINE NUMBER: PAGE 21 / 50
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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 Bryan Holds
Mailing Address: Ste 266, 450 N New Ballas Rd
City: St Louis State: MO Zip Code: 63141-6836
FEC 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: 09 02 2003
Transaction ID: 0912200340C43193
Amount of Each Receipt this Period: 91.25
Receipt

B.
Full Name (Last, First, Middle Initial): Cleve Howard
Mailing Address: 7651 SW 137 St
City: Miami State: FL Zip Code: 33158-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 12 2003
Transaction ID: 0919200336C43339
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Mark Hughes
Mailing Address: Ste 600, 50 Staniford St
City: Boston State: MA Zip Code: 02114-2508
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3750.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43178
Amount of Each Receipt this Period: 1250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1841.25**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one) PAGE 22 / 50

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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 Ing
Mailing Address: 1617 St Marks Plaza Ste D
City: Stockton State: CA Zip Code: 95207-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43327
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Ivan Jacobs
Mailing Address: 1080 Saddlebrook Rd
City: Mountainside State: NJ Zip Code: 07092-
FEC 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: 09 30 2003
Transaction ID: 100120038C43426
Amount of Each Receipt this Period: 1000.00
Receipt

C.
Full Name (Last, First, Middle Initial): Tim Johnson
Mailing Address: 7777 Hennessy Boulevard Ste 5000
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: 266.66
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43212
Amount of Each Receipt this Period: 133.33
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1633.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one) PAGE 23 / 50

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

A.
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: 325.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43172
Amount of Each Receipt this Period: 25.00
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: 450.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43201
Amount of Each Receipt this Period: 125.00
Receipt

C.
Full Name (Last, First, Middle Initial): Frederick Keiser
Mailing Address: Northwest Eye Clinic / W Ahrenholz
3015 Squalicum Pkwy Suite 260
City: Bellingham | State: WA | Zip Code: 98225-1508
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43316
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 400.00

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): Dennis Kontra
Mailing Address: 333 Lake Ave
City: Racine | State: WI | Zip Code: 53403-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43297
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): H Michael Lambert
Mailing Address: 6500 Fannin Ste 1100
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: 750.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43179
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): James Landers
Mailing Address: 9800 Lile Dr Ste 500
City: Little Rock | State: AR | Zip Code: 72205-6223
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 16 2003
Transaction ID: 10012D038C43375
Amount of Each Receipt this Period: 500.00
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

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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 Allan Lebovitz
Mailing Address: 1301 Avenue J
City: Brooklyn | State: NY | Zip Code: 11230-
FEC 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: 09 08 2003
Transaction ID: 0912200340C43318
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): David Levine
Mailing Address: 6 LeHavre Ct
City: Potomac | State: MD | Zip Code: 20854-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 16 2003
Transaction ID: 1001200340C43368
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Rudy Marshal
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: 750.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43182
Amount of Each Receipt this Period: 250.00
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

FOR LINE NUMBER: (check only one) PAGE 26 / 50

[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): Donald May
Mailing Address: PO Box 1678
City: Lubbock State: TX Zip Code: 79408-1678
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 09 12 2003
Transaction ID: 0919200336C43347
Amount of Each Receipt this Period: 300.00
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: 375.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43196
Amount of Each Receipt this Period: 125.00
Receipt

C. Full Name (Last, First, Middle Initial): Richard Miller
Mailing Address: PO Box 7267
City: Rockford State: IL Zip Code: 61128-7267
FEC 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: 09 02 2003
Transaction ID: 0912200340C43171
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 550.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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)
Edward Mintz
Mailing Address Columbia Eye Clinic
100 Palmetto Park Blvd
City: Lexington State: SC Zip Code: 29072-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 333.32
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43211
Amount of Each Receipt this Period: 166.66
Receipt

B.
Full Name (Last, First, Middle Initial)
Kenneth Miselis
Mailing Address 445 West Poplar
City: Stockton State: CA Zip Code: 95203-2426
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43162
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Craig Morgan
Mailing Address Eye Consultants of Huntington
1611 13th Ave
City: Huntington State: WV Zip Code: 25701-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 03 2003
Transaction ID: 0912200340C43234
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1166.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 28 / 50

[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 Munsch
Mailing Address: 7406 Buckingham Ct
City: St Louis State: MO Zip Code: 63105-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 09 16 2003
Transaction ID: 10012003BC43351
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Anthony Musto
Mailing Address: Eye Surgery Associates, LLC 3060 Main St #1D1
City: Stratford State: CT Zip Code: 06614-
FEC 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: 09 02 2003
Transaction ID: 0912200340C43219
Amount of Each Receipt this Period: 166.67
Receipt

C.
Full Name (Last, First, Middle Initial): Eric Nelson
Mailing Address: Ste 333 6545 France 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: 500.00
Date of Receipt: 09 25 2003
Transaction ID: 10012003BC43401
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 966.67

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 29 / 50
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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): Corey Notis
Mailing Address: 900 Stuyvesant Avenue
City: Union | State: NJ | Zip Code: 07083-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 12 2003
Transaction ID: 0919200336C43345
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Ronan OMalley
Mailing Address: Ste 106D, 6750 West Loop S
City: Bellaire | State: TX | Zip Code: 77401-4113
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43268
Amount of Each Receipt this Period: 500.00
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: 666.66
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43221
Amount of Each Receipt this Period: 333.33
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1333.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 30 / 50

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

A.
Full Name (Last, First, Middle Initial): Kirk Packo
Mailing Address: 1725 W Harrison Ste# B31
City: Chicago | State: IL | Zip Code: 60612-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43298
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Gregory Penzo
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: 1250.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43213
Amount of Each Receipt this Period: 750.00
Receipt

C.
Full Name (Last, First, Middle Initial): John Reifschneider
Mailing Address: Reifschneider Eye Center & Optical, 1001 6th Ave Ste 100
City: Leavenworth | State: KS | Zip Code: 66048-3248
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 30 2003
Transaction ID: 10012D038C43434
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 31 / 50

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

A.
Full Name (Last, First, Middle Initial): Ralph Riffenburgh
Mailing Address: 10 Congress St Ste 340
City: Pasadena State: CA Zip Code: 91105-3023
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43286
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): John Rosculet
Mailing Address: 906 Windward Ct
City: Neenah State: WI Zip Code: 54956-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43317
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Paul Rosenberg
Mailing Address: 5 Babcock Farms Ln
City: Pittsford State: NY Zip Code: 14534-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 12 2003
Transaction ID: D9192D0338C43333
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

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FOR LINE NUMBER: PAGE 32 / 50
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Jerome Ross
Mailing Address: 121 Swanhill Ct
City: Pikesville | State: MD | Zip Code: 21208-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43293
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Ralph Sando
Mailing Address: 104 Rose Ln
City: Haverford | State: PA | Zip Code: 19041-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 243.33
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43217
Amount of Each Receipt this Period: 121.67
Receipt

C.
Full Name (Last, First, Middle Initial): Alan Schein
Mailing Address: Schein Ernst Eye Assoc
2509 N Front St
City: Harrisburg | State: PA | Zip Code: 17110-1111
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 03 2003
Transaction ID: 0912200340C43247
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 921.67

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): Todd Schneiderman
Mailing Address: Retina Center Northwest, 1780 NW Myhre Road Ste 2140
City: Silverdale State: WA Zip Code: 98383-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 30 2003
Transaction ID: 10012D038C43440
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial): Christianne Schoedel
Mailing Address: 360 Saint Charles Way
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: 750.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43161
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Loren Schrenk
Mailing Address: 430 Hackmann Ln No 201
City: Saint Louis State: MO Zip Code: 63141-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 16 2003
Transaction ID: 10012D038C43352
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

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

A. Full Name (Last, First, Middle Initial): Carol Shields
Mailing Address: Oncology Service/Wills Eye, 840 Walnut St
City: Philadelphia State: PA Zip Code: 19107-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 16 2003
Transaction ID: 1001200380C43373
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial): Jerry Shields
Mailing Address: Wills Eye Hosp/Oncology, 840 Walnut St 14th Flr
City: Philadelphia State: PA Zip Code: 19107-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 16 2003
Transaction ID: 1001200380C43372
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial): Stephen Sorokanich
Mailing Address: 521 Northern Blvd
City: Clarks Summit State: PA Zip Code: 18411-9024
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 09 08 2003
Transaction ID: D9122D0340C43269
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1300.00

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

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

A.
Full Name (Last, First, Middle Initial): Jay Bennett Stallman
Mailing Address: Georgia Retina PC, 465 Winn Way Ste 100
City: Decatur State: GA Zip Code: 30030-1721
FEC 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: 09 02 2003
Transaction ID: 0912200340C43176
Amount of Each Receipt this Period: 125.00
Receipt

B.
Full Name (Last, First, Middle Initial): Mitchell Brian Stein
Mailing Address: 69 S Moger Ave
City: Mount Kisco State: NY Zip Code: 10549-2217
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 333.32
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43210
Amount of Each Receipt this Period: 166.66
Receipt

C.
Full Name (Last, First, Middle Initial): Michael Steiner
Mailing Address: 14031 Ambaum Boulevard SW
City: Seattle State: WA Zip Code: 98168-
FEC 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: 09 02 2003
Transaction ID: 0912200340C43173
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **416.66**

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: 750.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43185
Amount of Each Receipt this Period: 250.00
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: 375.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43202
Amount of Each Receipt this Period: 125.00
Receipt

C.
Full Name (Last, First, Middle Initial): Paul Tarantino
Mailing Address: 218 Northway
City: Baltimore | State: MD | Zip Code: 21218-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43285
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 675.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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 Tasman
Mailing Address: 550 E Gravers Ln
City: Glenside | State: PA | Zip Code: 19038-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43276
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Stuart Terry
Mailing Address: 1100 N Main Ave
City: San Antonio | State: TX | Zip Code: 78212-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 16 2003
Transaction ID: 100120038C43377
Amount of Each Receipt this Period: 500.00
Receipt

C.
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: 375.00
Date of Receipt: 09 02 2003
Transaction ID: D9122D0340C432D0
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 38 / 50
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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): David Tresley
Mailing Address: 855 S Ridge Rd
City: Lake Forest | State: IL | Zip Code: 60045-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 03 2003
Transaction ID: 0912200340C43232
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial): Gregory Trubowitsch
Mailing Address: 741 Los Miradores Dr
City: El Paso | State: TX | Zip Code: 79912-
FEC 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: 09 02 2003
Transaction ID: 0912200340C43177
Amount of Each Receipt this Period: 125.00
Receipt

C.
Full Name (Last, First, Middle Initial): Gary Tylock
Mailing Address: 3100 North MacArthur Boulevard
City: Irving | State: TX | Zip Code: 75062-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43266
Amount of Each Receipt this Period: 500.00
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

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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): Michael Vrabec
Mailing Address: Valley Eye Associates, 21 Park Place
City: Appleton | State: WI | Zip Code: 54914-
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 364.75
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43184
Amount of Each Receipt this Period: 91.25
Receipt

B.
Full Name (Last, First, Middle Initial): W Lee Wan
Mailing Address: 1700 N Rose Ave Ste 200
City: Oxnard | State: CA | Zip Code: 93030-
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 312.50
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43216
Amount of Each Receipt this Period: 187.50
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: 375.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43184
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 403.75

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 / 50
(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): Gary Weiner
Mailing Address: 18 Crestview Dr
City: Salina | State: KS | Zip Code: 67401-3586
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 30 2003
Transaction ID: 100120038C43435
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Thomas Weingeist
Mailing Address: 3 Heather Ct
City: Iowa City | State: IA | Zip Code: 52245-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 22 2003
Transaction ID: 100120038C43397
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Berry Welch
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: 1000.00
Date of Receipt: 09 02 2003
Transaction ID: D9122D0340C431B6
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

FOR LINE NUMBER: PAGE 41 / 50
(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: 1750.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43195
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): John Wilson
Mailing Address: 841 S Bodin
City: Hinckley | State: IL | Zip Code: 60520-
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 02 2003
Transaction ID: 0912200340C43168
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Kai Wong
Mailing Address: Mercy Medical Plaza 2323 16th St Ste 5D1
City: Bakersfield | State: CA | Zip Code: 93301-3454
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 09 08 2003
Transaction ID: 0912200340C43277
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 42 / 50

[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)
Charles Yancey

Mailing Address 497 Highcroft Rd

City: Wayzata | State: MN | Zip Code: 55391-

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 09 12 2003

Transaction ID: 0919200336C43337

Amount of Each Receipt this Period: 365.00

Receipt

SUBTOTAL of Receipts This Page (optional)	365.00
TOTAL This Period (last page this line number only)	40373.73

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 50
(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 ▼
643.08

Date of Receipt
09 30 2003

Transaction ID: 1001200380C43445

Amount of Each Receipt this Period
58.30

Other Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶	58.30
TOTAL This Period (last page this line number only) ..... ▶	58.30

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

Transaction ID: 10012D038E3514

Date of Disbursement
09 / 30 / 2003

Mailing Address PO Box 24512

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

Amount of Each Disbursement this Period
1198.82

Purpose of Disbursement
UB CKING ACCT EXP 9/03

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

UB CKING ACCT EXP 9/03

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1198.82

TOTAL This Period (last page this line number only) ..... ▶ 1198.82

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): Citizens For Running
Mailing Address: 1717 Dixie Hwy, Suite 180
City: Covington | State: KY | Zip Code: 41011-2766
Purpose of Disbursement: SENATE KY
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: 10012D039E3509
Date of Disbursement: 09 / 25 / 2003
Amount of Each Disbursement this Period: 1000.00
Category/Type: SENATE KY

B.
Full Name (Last, First, Middle Initial): Congressman Bart Gordon Committe
Mailing Address: PO Box 2008
City: Murfreesboro | State: TN | Zip Code: 37133-2008
Purpose of Disbursement: HOUSE TN-6 PRIMARY
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: 0919200339E3501
Date of Disbursement: 09 / 15 / 2003
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE TN-6 PRIMARY

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: VOIDED, ORIG RPTD 8/03
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: 0919200339E3495
Date of Disbursement: 09 / 15 / 2003
Amount of Each Disbursement this Period: -2500.00
Category/Type: VOIDED, ORIG RPTD 8/03

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **-500.00**

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)
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☐ 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): Earl Pomeroy For Congress
Mailing Address: PO Box 746
City: Bismarck State: ND Zip Code: 58502-0746
Purpose of Disbursement: HOUSE ND-AL PRIMARY
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D9192D0339E3500
Date of Disbursement: 09 / 15 / 2003
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE ND-AL PRIMARY

B.
Full Name (Last, First, Middle Initial): Engel For Congress
Mailing Address: 462 California Rd
City: Bronxville State: NY Zip Code: 10708-2306
Purpose of Disbursement: HOUSE NY-17 PRIMARY
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D9192D0339E3499
Date of Disbursement: 09 / 15 / 2003
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE NY-17 PRIMARY

C.
Full Name (Last, First, Middle Initial): Fletcher For Congress
Mailing Address: PO Box 4703
City: Lexington State: KY Zip Code: 40544-4703
Purpose of Disbursement: HOUSE KY-6
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: 100120038E3507
Date of Disbursement: 09 / 25 / 2003
Amount of Each Disbursement this Period: 2500.00
Category/Type: HOUSE KY-6

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4500.00**

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)
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☐ 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): Committee to Re-elect Vito Fossella
Mailing Address: PO Box 131403
City: Staten Island State: NY Zip Code: 10313-
Purpose of Disbursement: HOUSE NY-13
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Category/Type: HOUSE NY-13
Transaction ID: 10012D039E3511
Date of Disbursement: 09 / 26 / 2003
Amount of Each Disbursement this Period: 2000.00

B.
Full Name (Last, First, Middle Initial): Friends of Clay Shaw
Mailing Address: PO Box 2188
City: Fort Lauderdale State: FL Zip Code: 33303-2188
Purpose of Disbursement: HOUSE FL-22 PRIMARY
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Category/Type: HOUSE FL-22 PRIMARY
Transaction ID: 0919200339E3497
Date of Disbursement: 09 / 15 / 2003
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Friends of Jack Kingston
Mailing Address: PO Box 2133
City: Savannah State: GA Zip Code: 31402-
Purpose of Disbursement: VOIDED, ORIG RPTD 2/03
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Category/Type: VOIDED, ORIG RPTD 2/03
Transaction ID: 0919200339E3493
Date of Disbursement: 09 / 15 / 2003
Amount of Each Disbursement this Period: -1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2000.00**

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

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): Friends of Jack Kingston
Mailing Address: PO Box 2133
City: Savannah | State: GA | Zip Code: 31402-
Purpose of Disbursement: HOUSE GA-1 PRIMARY
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D9192D0339E3494
Date of Disbursement: 09 / 15 / 2003
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE GA-1 PRIMARY

B.
Full Name (Last, First, Middle Initial): Lisa Murkowski for US Senate
Mailing Address: PO Box 100847
City: Anchorage | State: AK | Zip Code: 99510-
Purpose of Disbursement: SENATE-AK
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: 100120038E3505
Date of Disbursement: 09 / 23 / 2003
Amount of Each Disbursement this Period: 2000.00
Category/Type: SENATE-AK

C.
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: VOIDED, ORIG RPTD 8/03
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: 100120038E3503
Date of Disbursement: 09 / 23 / 2003
Amount of Each Disbursement this Period: -1000.00
Category/Type: VOIDED, ORIG RPTD 8/03

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 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): Americas Foundation
Mailing Address: 1155 21st Street NW
City: Washington | State: DC | Zip Code: 20036-
Purpose of Disbursement: PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: 10012003BE3504
Date of Disbursement: 09 / 23 / 2003
Amount of Each Disbursement this Period: 1000.00
PRIMARY

B.
Full Name (Last, First, Middle Initial): John Shadegg For Congress
Mailing Address: PO Box 45444
City: Phoenix | State: AZ | Zip Code: 85064-5444
Purpose of Disbursement: HOUSE AZ-3
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: 10012003BE3510
Date of Disbursement: 09 / 26 / 2003
Amount of Each Disbursement this Period: 1000.00
HOUSE AZ-3

C.
Full Name (Last, First, Middle Initial): Friends of Cliff Stearns
Mailing Address: PO Box 308
City: Silver Springs | State: FL | Zip Code: 34489-0308
Purpose of Disbursement: HOUSE FL-6
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: 10012003BE3506
Date of Disbursement: 09 / 23 / 2003
Amount of Each Disbursement this Period: 1000.00
HOUSE FL-6

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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): Texas Freedom Fund
Mailing Address: PO Box 6136
City: Alexandria State: VA Zip Code: 22306-0136
Purpose of Disbursement: HOUSE TX-6 PRIMARY
Candidate Name:
Office Sought: House / Senate / President — State: District
Disbursement For: 2002 — X Primary / General / Other (specify)
Transaction ID: D9192D0339E3496
Date of Disbursement: 09 / 15 / 2003
Amount of Each Disbursement this Period: 2500.00
Category/Type: HOUSE TX-6 PRIMARY

B.
Full Name (Last, First, Middle Initial): Upton For All Of Us
Mailing Address: PO Box 490
City: Saint Joseph State: MI Zip Code: 49085-0490
Purpose of Disbursement: HOUSE MI-6 PRIMARY
Candidate Name:
Office Sought: House / Senate / President — State: District
Disbursement For: 2002 — X Primary / General / Other (specify)
Transaction ID: D9192D0339E3496
Date of Disbursement: 09 / 15 / 2003
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE MI-6 PRIMARY

C.
Full Name (Last, First, Middle Initial): Friends of Dave Weldon
Mailing Address: PO Box 968
City: Melbourne State: FL Zip Code: 32902-0968
Purpose of Disbursement: HOUSE FL-15
Candidate Name:
Office Sought: House / Senate / President — State: District
Disbursement For: 2002 — X Primary / General / Other (specify)
Transaction ID: 100120038E3508
Date of Disbursement: 09 / 25 / 2003
Amount of Each Disbursement this Period: 2000.00
Category/Type: HOUSE FL-15

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	16500.00