05/20/2004 12 : 24

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)

CITY ▲ San Francisco STATE ▲ CA ZIPCODE ▲ 94109

2. **FEC IDENTIFICATION NUMBER** ▼ 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)	X May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

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

Election on in the State of

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

Election on in the State of

5. Covering Period 04 01 2004 through 04 30 2004

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 05 18 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

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From: 04 01 2004 To: 04 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		446169.67
(b) Cash on Hand at Begining of Reporting Period	303371.56	
(c) Total Receipts (from Line 19)	57971.85	113656.33
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	361343.41	559826.00
7. Total Disbursements (from Line 31)	93745.09	292227.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	267598.32	267598.32
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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 04 01 2004 To: 04 30 2004

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)	54915.00	
(ii) Unitemized	2984.16	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	57899.16	113417.91
(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) ..... ▶	57899.16	113417.91
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.)	72.69	238.42
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))	57971.85	113656.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57971.85	113656.33

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	291.34	2123.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	291.34	2123.93
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	69500.00	254500.00
24. Independent Expenditure (use Schedule E)	0.00	27900.00
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	3953.75	7703.75
(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)) ▶	3953.75	7703.75
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))	93745.09	292227.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	93745.09	292227.68

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)	57899.16	113417.91
34. Total Contribution Refunds (from Line 28(d))	3953.75	7703.75
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53945.41	105714.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	291.34	2123.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	291.34	2123.93

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) or 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): Richard Abbott
Mailing Address: UCSF Beckman Vision Ctr, 10 Koret Way K-301
City: San Francisco State: CA Zip Code: 94143-
FEC 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: 04 28 2004
Transaction ID: 0429200421C44503
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Gary Abrams
Mailing Address: Kresge Eye Institute, 4717 St Antoine
City: Detroit State: MI Zip Code: 48201-1423
FEC 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: 04 28 2004
Transaction ID: 0429200421C44526
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): David R Adam
Mailing Address: 6989 Longview Drive
City: Hamilton State: OH Zip Code: 45011-
FEC 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: 04 28 2004
Transaction ID: 0429200421C44543
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

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)
David Anderson
Mailing Address 530 South Holmes Avenue
PO Box 2410
City: Idaho Falls State: ID Zip Code: 83403-2410
FEC 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: 04 28 2004
Transaction ID: 0429200421C44562
Amount of Each Receipt this Period: 500.00
Receipt

B.
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: 04 07 2004
Transaction ID: 0412200435C44443
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Everton Arundell
Mailing Address 9107 Brentmeade Blvd
City: Brentwood State: TN Zip Code: 37027-6525
FEC 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: 04 28 2004
Transaction ID: 0429200421C44546
Amount of Each Receipt this Period: 365.00
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

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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 Avner
Mailing Address: 193 Viscount Dr
City: Williamsville | State: NY | Zip Code: 14221-1771
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 675.00
Date of Receipt: 04 28 2004
Transaction ID: 0429200421C44530
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): John Barber
Mailing Address: West Penn Allegheny Eye Assoc
4815 Liberty Ave Ste M25
City: Pittsburgh | State: PA | Zip Code: 15224-2156
FEC 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: 04 30 2004
Transaction ID: 051320045C44620
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Laurie Grey Barber
Mailing Address: UAMS Dept Ophtha
4301 W Markham Slot 523
City: Little Rock | State: AR | Zip Code: 72205-
FEC 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: 04 28 2004
Transaction ID: 0429200421C44504
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

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

A.
Full Name (Last, First, Middle Initial): Norbert Becker
Mailing Address: 302 Randall Rd Ste 10
City: Geneva State: IL Zip Code: 60134-
FEC 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: 04 15 2004
Transaction ID: 0429200421C44461
Amount of Each Receipt this Period: 1000.00
Receipt

B.
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: 500.00
Date of Receipt: 04 20 2004
Transaction ID: 0429200421C44476
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Janet Batchkal
Mailing Address: 1820 Barrs St
Dillon Bldg Ste 134
City: Jacksonville State: FL Zip Code: 32204-
FEC 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: 04 20 2004
Transaction ID: 0429200421C44479
Amount of Each Receipt this Period: 250.00
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

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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 Bloome
Mailing Address Houston Eye Associates
2855 Gramercy St
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: 250.00

Date of Receipt: 04 06 2004
Transaction ID: 0412200435C44430
Amount of Each Receipt this Period: 125.00
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: 92705-3901
FEC 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: 04 06 2004
Transaction ID: 0412200435C44431
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Michael Brennan
Mailing Address 1214 Vaughn Rd
City: Burlington State: NC Zip Code: 27217-
FEC 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: 04 20 2004
Transaction ID: 04292D0421C44475
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 740.00

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)
Andrew Calman
Mailing Address 3201 Mission St
City: San Francisco State: CA Zip Code: 94110-
FEC 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: 04 15 2004
Transaction ID: 0429200421C44455
Amount of Each Receipt this Period: 250.00
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: 250.00
Date of Receipt: 04 06 2004
Transaction ID: 0412200435C44437
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Mark Chiu
Mailing Address 806 Dr Martin Luther King Ave NE
City: Albuquerque State: NM Zip Code: 87102-
FEC 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: 04 28 2004
Transaction ID: 04292D0421C44489
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

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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 Cinotti
Mailing Address 800 Pavonia Ave
Sixth Floor
City: Jersey City State: NJ Zip Code: 07306-
FEC 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: 04 28 2004
Transaction ID: 0429200421C44521
Amount of Each Receipt this Period: 500.00
Receipt

B.
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: 04 28 2004
Transaction ID: 0429200421C44508
Amount of Each Receipt this Period: 1000.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Mary Louise Collins
Mailing Address Gtar 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: 500.00

Date of Receipt: 04 30 2004
Transaction ID: D5132D045C44623
Amount of Each Receipt this Period: 500.00
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

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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): Raymond Croissant
Mailing Address: 8533 Drew Avenue South
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: 04 28 2004
Transaction ID: 0429200421C44506
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial): James Croley
Mailing Address: 613 Del Prado Blvd
City: Cape Coral | State: FL | Zip Code: 33990-
FEC 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: 04 28 2004
Transaction ID: 0429200421C44523
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Susan Day
Mailing Address: Ste 100
2340 Clay Street
City: San Francisco | State: CA | Zip Code: 94115-1532
FEC 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: 04 28 2004
Transaction ID: 0429200421C44564
Amount of Each Receipt this Period: 1250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2115.00**

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)
David Demartini
Mailing Address 122 La Casa Via Ste 221
City: Walnut Creek State: CA Zip Code: 94598-
FEC 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: 04 30 2004
Transaction ID: 051320045C44566
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Peter Diedrichsen
Mailing Address Eye Physicians PC
PO Box 1275
City: Columbus State: NE Zip Code: 68602-1275
FEC 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: 04 28 2004
Transaction ID: 0429200421C44561
Amount of Each Receipt this Period: 300.00
Receipt

C.
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: 250.00
Date of Receipt: 04 21 2004
Transaction ID: D5132D045C44601
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 915.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 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): K David Epley
Mailing Address: Eye Associates NW, 1101 Madison Ste 600
City: Seattle State: WA Zip Code: 98104-
FEC 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: 04 15 2004
Transaction ID: 0429200421C44452
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): James Falch
Mailing Address: 117 Abbotsford Dr
City: Nashville State: TN Zip Code: 37215-
FEC 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: 04 28 2004
Transaction ID: 0429200421C44545
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Thomas Carl Ferrell
Mailing Address: 3519 Friendsville Rd
City: Wooster State: OH Zip Code: 44691-1241
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 0.00
Date of Receipt: 04 28 2004
Transaction ID: 0429200421C44483
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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 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): James Fleming
Mailing Address: Ste 240, 7945 Wolf River Blvd
City: Germantown State: TN Zip Code: 38138-1733
FEC 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: 04 07 2004
Transaction ID: 0412200435C44444
Amount of Each Receipt this Period: 500.00
Receipt

B.
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: 1000.00
Date of Receipt: 04 28 2004
Transaction ID: 0429200421C44544
Amount of Each Receipt this Period: 1000.00
Receipt

C.
Full Name (Last, First, Middle Initial): Richard Freeman
Mailing Address: Ste 502, 144 Genesee St
City: Auburn State: NY Zip Code: 13021-3510
FEC 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: 04 28 2004
Transaction ID: 0429200421C44550
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: 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)
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: 0.00

Date of Receipt: 04 26 2004
Transaction ID: 0429200421C44489
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial)
David George
Mailing Address 418 Grand Park Dr Ste 315
City: Parkersburg State: WV Zip Code: 26101-
FEC 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: 04 15 2004
Transaction ID: 0429200421C44450
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Ram Goel
Mailing Address 741 Route 70 W
City: Cherry Hill State: NJ Zip Code: 08002-3527
FEC ID number of contributing federal political committee: C
Name of Employer: REGIONAL EYE INST
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 28 2004
Transaction ID: 0429200421C44488
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 18 / 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): James Gordon
Mailing Address: 1429 Cobble Scott Way
City: Chesapeake | State: VA | Zip Code: 23322-2262
FEC 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: 04 28 2004
Transaction ID: 0429200421C44537
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): Robert Graham
Mailing Address: 1021 West Armitage
City: Chicago | State: IL | Zip Code: 60614-
FEC 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: 04 06 2004
Transaction ID: 0412200435C44424
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Erich Bryan Groos
Mailing Address: Cornea Consultants of Nashville
2011 Murphy Ave Ste 602
City: Nashville | State: TN | Zip Code: 37203-
FEC 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: 04 06 2004
Transaction ID: 0412200435C44432
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 19 / 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): Richard Grostern
Mailing Address: 1725 W Harrison St Ste 91B
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: 04 28 2004
Transaction ID: 0429200421C44524
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): John Hagen
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: 04 30 2004
Transaction ID: 051320045C44622
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Barrett Halk
Mailing Address: Univ of Tennessee/Ophth Dept, 956 Court Ave Rm D-228
City: Memphis State: TN Zip Code: 38163-
FEC 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: 04 20 2004
Transaction ID: 04292D0421C44477
Amount of Each Receipt this Period: 365.00
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 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: 750.00
Date of Receipt: 04 06 2004
Transaction ID: 0412200435C44421
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): Bryan Hammer
Mailing Address: Ste 104, 1200 South Euclid Ave
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: 500.00
Date of Receipt: 04 28 2004
Transaction ID: 0429200421C44513
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Cynthia Hampton
Mailing Address: 451 Ruin Creek Rd, Ste 204
City: Henderson State: NC Zip Code: 27538-
FEC 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: 04 06 2004
Transaction ID: 0412200435C44423
Amount of Each Receipt this Period: 125.00
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 21 / 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): Frank Hannah
Mailing Address: Eye Surgery Center, 1622 E Marion St
City: Shelby | State: NC | Zip Code: 28150-
FEC 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: 04 28 2004
Transaction ID: 0429200421C44517
Amount of Each Receipt this Period: 500.00
Receipt

B.
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: 365.00
Date of Receipt: 04 15 2004
Transaction ID: 0429200421C44463
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): Jeffrey Hertz
Mailing Address: 79 Wawecus St
City: Norwich | State: CT | Zip Code: 06360-
FEC 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: 04 20 2004
Transaction ID: 0429200421C44471
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) 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): 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: 250.00
Date of Receipt: 04 06 2004
Transaction ID: 0412200435C44426
Amount of Each Receipt this Period: 125.00
Receipt

B.
Full Name (Last, First, Middle Initial): H Dunbar Hoskins
Mailing Address: 855 Beach St
City: San Francisco State: CA Zip Code: 94109-1342
FEC 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: 04 15 2004
Transaction ID: 0429200421C44453
Amount of Each Receipt this Period: 1000.00
Receipt

C.
Full Name (Last, First, Middle Initial): Allan Jensen
Mailing Address: Ste 426, 200 E 33rd St
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: 500.00
Date of Receipt: 04 15 2004
Transaction ID: 0429200421C44447
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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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Peter Jensen
Mailing Address: 1615-12th Ave Rd
City: Nampa State: ID Zip Code: 83651-
FEC 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: 04 30 2004
Transaction ID: 051320045C44569
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): David Johnson
Mailing Address: 1721 E 19th Ave #550
City: Denver State: CO Zip Code: 80218-
FEC 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: 04 28 2004
Transaction ID: 0429200421C44532
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Eric Johnson
Mailing Address: 286 Warren Street
City: Brookline State: MA Zip Code: 02445-5927
FEC 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: 04 07 2004
Transaction ID: D4122D0435C44442
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

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): Randolph Johnston
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: 2500.00
Date of Receipt: 04 06 2004
Transaction ID: 0412200435C44427
Amount of Each Receipt this Period: 625.00
Receipt

B.
Full Name (Last, First, Middle Initial): Diane Jean Kraus
Mailing Address: P O Box 4142
City: Kingston State: NY Zip Code: 12402-4142
FEC 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: 04 20 2004
Transaction ID: 0429200421C44478
Amount of Each Receipt this Period: 1000.00
Receipt

C.
Full Name (Last, First, Middle Initial): Ralph Lanciano
Mailing Address: Lanciano Professional Center, 7703 Maple Ave
City: Pennsauken State: NJ Zip Code: 08109-
FEC 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: 04 28 2004
Transaction ID: 0429200421C44527
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2125.00

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): Stephen Lane
Mailing Address: 280 N Smith Ave, Ste 840
City: St Paul | State: MN | Zip Code: 55102-
FEC 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: 04 07 2004
Transaction ID: 0412200435C44440
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Scott Limstrom
Mailing Address: 10228 Stewart Dr
City: Eagle River | State: AK | Zip Code: 99577-9509
FEC 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: 04 15 2004
Transaction ID: 0429200421C44457
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Eric Lindstrom
Mailing Address: PO Box 407, 1020 Adams St
City: Laurel | State: MS | Zip Code: 39441-0407
FEC 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: 04 28 2004
Transaction ID: 0429200421C44541
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 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): Joseph Locascio
Mailing Address: St Marys Outpatient Ctr, 2860 3rd Ave ste 20
City: Huntington State: WV Zip Code: 25702-1424
FEC 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: 04 28 2004
Transaction ID: 0429200421C44501
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial): Jimmie Magie
Mailing Address: Magie Eye Clinic, 924 Main St
City: Conway State: AR Zip Code: 72032-5424
FEC 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: 04 30 2004
Transaction ID: 051320045C44572
Amount of Each Receipt this Period: 1000.00
Receipt

C.
Full Name (Last, First, Middle Initial): Stephen Magie
Mailing Address: 9800 Lile Dr, Ste 501
City: Little Rock State: AR Zip Code: 72205-
FEC 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: 04 30 2004
Transaction ID: 051320045C44571
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2365.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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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)
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: 1000.00
Date of Receipt: 04 28 2004
Transaction ID: 0429200421C44596
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Mark Christophe Mavis
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: 0.00
Date of Receipt: 04 28 2004
Transaction ID: 0429200421C44484
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Stephanie Jones Marionneaux
Mailing Address Suite 108
300 Medical Pkwy
City: Chesapeake State: VA Zip Code: 23320-4585
FEC 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: 04 28 2004
Transaction ID: 0429200421C44505
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

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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)
Alfred Marrone
Mailing Address 3440 Lomita Boulevard
Suite 451
City: Torrance State: CA Zip Code: 90505-4800
FEC 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: 04 15 2004
Transaction ID: 0429200421C44456
Amount of Each Receipt this Period: 365.00
Receipt

B.
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: 250.00
Date of Receipt: 04 06 2004
Transaction ID: 0412200435C44439
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Robert McKinley
Mailing Address Apt 9
425 Bayshore Dr
City: Fort Lauderdale State: FL Zip Code: 33304-4222
FEC 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: 04 15 2004
Transaction ID: 0429200421C44465
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 915.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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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)
Rickey Dene Medlock
Mailing Address 9800 Lile Dr Ste 500
City: Little Rock State: AR Zip Code: 72205-6229
FEC 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: 04 15 2004
Transaction ID: 0429200421C44460
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial)
James Merritt
Mailing Address Ste 508
8230 Walnut Hill Ln
City: Dallas State: TX Zip Code: 75231-4400
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00

Date of Receipt: 04 30 2004
Transaction ID: 051320045C44568
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Michael Edward Miglori
Mailing Address 690 Eddy St
City: Providence State: RI Zip Code: 02903-
FEC 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: 04 06 2004
Transaction ID: D4122D0435C44433
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

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)
Mariannette Miller-Meeks

Mailing Address Heartland Eye Care
1005 E Pennsylvania Ave, Ste #110

City: Ottumwa State: IA Zip Code: 52501-

FEC ID number of contributing federal political committee: C

Name of Employer: HEARTLAND EYE CARE
Occupation: Ophthalmologist

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 1000.00

Date of Receipt: 04 28 2004
Transaction ID: 0429200421C44547
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Lylas Mogk

Mailing Address Henry Ford Visual Rehab & Res Ctr
15401 E Jefferson

City: Grosse Pointe State: MI Zip Code: 48230-2051

FEC 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: 04 28 2004
Transaction ID: 0429200421C44538
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Basil Morgan

Mailing Address Suite 100
4324 York Road

City: Baltimore State: MD Zip Code: 21212-

FEC 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: 04 28 2004
Transaction ID: 0429200421C44502
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1800.00

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

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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)
Christie Morse
Mailing Address Concord Eye Care, PC
248 Pleasant St Ste 1600
City: Concord State: NH Zip Code: 03301-
FEC 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: 04 28 2004
Transaction ID: 0429200421C44510
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Kenneth Musson
Mailing Address 929 Business Park Dr
City: Traverse City State: MI Zip Code: 49686-8693
FEC 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: 04 28 2004
Transaction ID: 0429200421C44512
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial)
George Nardin
Mailing Address Ste 214
407 Uluniu St
City: Kailua State: HI Zip Code: 96734-2537
FEC 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: 04 28 2004
Transaction ID: 0429200421C44511
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)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial)
Emanuel Newmark
Mailing Address 1920 Palm Beach Lakes Blvd Ste 215
City: West Palm Beach State: FL Zip Code: 33409-3506
FEC 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: 04 28 2004
Transaction ID: 0429200421C44519
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Peter Nussbaum
Mailing Address 22 Old Short Hills Rd ste 104
City: Livingston State: NJ Zip Code: 07039-
FEC 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: 04 28 2004
Transaction ID: 0429200421C44516
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: 0.00
Date of Receipt: 04 28 2004
Transaction ID: 0429200421C44488
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) ..... ▶

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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 Prince
Mailing Address: 178 E 71st St
City: New York | State: NY | Zip Code: 10021-5119
FEC 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: 04 28 2004
Transaction ID: 0429200421C44500
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Jean Ramsey
Mailing Address: Boston Medical Center, ACC
850 Harrison Ave, 2nd Floor
City: Boston | State: MA | Zip Code: 02118-4001
FEC 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: 04 28 2004
Transaction ID: 0429200421C44560
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Michael Redmond
Mailing Address: 8333 North Davis Highway
City: Pensacola | State: FL | Zip Code: 32514-
FEC 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: 04 15 2004
Transaction ID: 0429200421C44459
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)
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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 Rich
Mailing Address: Ste 808, 6231 Leesburg Pike
City: Falls Church | State: VA | Zip Code: 22044-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2500.00
Date of Receipt: 04 28 2004
Transaction ID: 0429200421C44553
Amount of Each Receipt this Period: 2500.00
Receipt

B.
Full Name (Last, First, Middle Initial): John Denis Roarty
Mailing Address: Childrens Hosp-Dept of Ophthal, 3901 Beaubien
City: Detroit | State: MI | Zip Code: 48201-2119
FEC 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: 04 20 2004
Transaction ID: 0429200421C44470
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Joy Dixon Robinson
Mailing Address: PO Box 6169
City: Hampton | State: VA | Zip Code: 23666-6169
FEC 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: 04 15 2004
Transaction ID: 0429200421C44454
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 3000.00

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): James Rank
Mailing Address: 5511 E 89th Ct
City: Tulsa | State: OK | Zip Code: 74137-3581
FEC 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: 04 28 2004
Transaction ID: 0429200421C44525
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): F Hampton Roy
Mailing Address: Ste 205, 5800 W 10th St
City: Little Rock | State: AR | Zip Code: 72204-1757
FEC 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: 04 28 2004
Transaction ID: 0429200421C44558
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): Christianne Schoedel
Mailing Address: 380 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: 375.00
Date of Receipt: 04 06 2004
Transaction ID: D4122D0435C44422
Amount of Each Receipt this Period: 375.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1175.00**

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)
Linda Schumacher-Feero
Mailing Address Atlee-Gleaton Eye Care
227 Eastern Ave
City: Augusta State: ME Zip Code: 04330-
FEC 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: 04 06 2004
Transaction ID: 0412200435C44425
Amount of Each Receipt this Period: 125.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Gary Schwartz
Mailing Address 9105 Edinburgh Ln
City: St Paul State: MN Zip Code: 55125-9191
FEC 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: 04 15 2004
Transaction ID: 0429200421C44448
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Susan Senft
Mailing Address Crossroads Medical Centre
75-1028 Henry St, Ste 200
City: Kailua Kona State: HI Zip Code: 96740-1679
FEC 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: 04 28 2004
Transaction ID: 0429200421C44518
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 740.00

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): 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: 04 15 2004
Transaction ID: 0429200421C44451
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial): Richard Shugerman
Mailing Address: Apt 1001
400 N Flagler Dr
City: West Palm Beach | State: FL | Zip Code: 33401-4302
FEC 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: 04 28 2004
Transaction ID: 0429200421C44554
Amount of Each Receipt this Period: 1000.00
Receipt

C.
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: 0.00
Date of Receipt: 04 28 2004
Transaction ID: 0429200421C44485
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2250.00

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

SCHEDULE A (FEC Form 3X)
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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): Ronald Smith
Mailing Address: Doheny Eye Institute Dept Ophth, 1450 San Pablo Street Ste 5706
City: Los Angeles State: CA Zip Code: 90033-4682
FEC 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: 04 15 2004
Transaction ID: 0429200421C44462
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial): Shannon Lee Smith
Mailing Address: Glaucoma Consultants of East TX, 3000 N Univ Dr Ste A
City: Nacogdoches State: TX Zip Code: 75965-
FEC 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: 04 06 2004
Transaction ID: 0412200435C44434
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Robert Spurry
Mailing Address: St Lukes Hosp/Suite 502, 525 N 18th St
City: Phoenix State: AZ Zip Code: 85006-
FEC 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: 04 15 2004
Transaction ID: 0429200421C44464
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) ..... ▶

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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)
Paul Sternberg
Mailing Address Vanderbilt Univ MC Dept Ophth & Vi
8030 Medical Center East
City: Nashville State: TN Zip Code: 37232-8808
FEC 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: 04 30 2004
Transaction ID: 051320045C44821
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Scott Howard Strickler
Mailing Address 418 Grand Park Dr Ste 315
City: Parkersburg State: WV Zip Code: 26101-
FEC 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: 04 20 2004
Transaction ID: 0429200421C44480
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Thomas Strinden
Mailing Address 737 Broadway
City: Fargo State: ND Zip Code: 58102-4421
FEC 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: 04 28 2004
Transaction ID: 0429200421C44555
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1665.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: 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): Howard Tessler
Mailing Address: 48 S Greenleaf Ave
City: Gurnee | State: IL | Zip Code: 60031-
FEC 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: 04 28 2004
Transaction ID: 0429200421C44556
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Steven Thornquist
Mailing Address: 25 Oak Ridge Drive
City: Bethany | State: CT | Zip Code: 06524-3117
FEC 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: 04 28 2004
Transaction ID: 0429200421C44514
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): Lyle Thorstenson
Mailing Address: P.O. Box 632020
City: Nacogdoches | State: TX | Zip Code: 75563-2020
FEC 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: 04 06 2004
Transaction ID: D4122D0435C44435
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 915.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 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): Robert Trent
Mailing Address: 3190 Churn Creek Rd
City: Redding | State: CA | Zip Code: 96002-2122
FEC 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: 04 15 2004
Transaction ID: 0429200421C44449
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial): Linda Tsai
Mailing Address: 1160 Dautel Ln
City: Saint Louis | State: MO | Zip Code: 63146-5506
FEC 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: 04 21 2004
Transaction ID: 051320045C44603
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Kenneth Tuck
Mailing Address: 3320 Franklin Rd SW
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: 1000.00
Date of Receipt: 04 30 2004
Transaction ID: 05132D045C4457D
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2250.00

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
(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): Scott Utley
Mailing Address: 1339 Spencer Rd W
City: St Paul | State: MN | Zip Code: 55108-5206
FEC 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: 04 28 2004
Transaction ID: 0429200421C44542
Amount of Each Receipt this Period: 400.00
Receipt

B.
Full Name (Last, First, Middle Initial): William Francis Varr
Mailing Address: Ste 103, 390 Toll Gate Rd
City: Warwick | State: RI | Zip Code: 02886-4326
FEC 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: 04 28 2004
Transaction ID: 0429200421C44534
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): Ann Warn
Mailing Address: Dean A McGee Eye Inst, 3201 W Gore Blvd Ste 105
City: Lawton | State: OK | Zip Code: 73505-
FEC 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: 04 21 2004
Transaction ID: D5132D045C44604
Amount of Each Receipt this Period: 500.00
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 43 / 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): Peter Whitted
Mailing Address: Midwest Eye Care, 4353 Dodge Street
City: Omaha State: NE Zip Code: 68131-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 28 2004
Transaction ID: 0429200421C44563
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial): Ruth Williams
Mailing Address: Wheaton Eye Clinic, 2015 North Main Street
City: Wheaton State: IL Zip Code: 60187-
FEC 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: 04 15 2004
Transaction ID: 0429200421C44458
Amount of Each Receipt this Period: 1000.00
Receipt

C.
Full Name (Last, First, Middle Initial): Matthew Yeomans
Mailing Address: 1287 Silverwood Dr
City: Okemos State: MI Zip Code: 48864-3063
FEC 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: 04 06 2004
Transaction ID: D4122D0435C44436
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2250.00**

TOTAL This Period (last page this line number only) ..... ▶ **54915.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 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)
American Academy Of Ophthalmology
Mailing Address PO Box 7424
City: San Francisco State: CA Zip Code: 94120-7424
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1.00
Date of Receipt: 04 08 2004
Transaction ID: 0517200432C44644
Amount of Each Receipt this Period: 1.00
Other Receipt

B.
Full Name (Last, First, Middle Initial)
American Academy Of Ophthalmology
Mailing Address PO Box 7424
City: San Francisco State: CA Zip Code: 94120-7424
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 11.00
Date of Receipt: 04 16 2004
Transaction ID: 0517200432C44646
Amount of Each Receipt this Period: 10.00
Other Receipt

C.
Full Name (Last, First, Middle Initial)
American Academy Of Ophthalmology
Mailing Address PO Box 7424
City: San Francisco State: CA Zip Code: 94120-7424
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 16.00
Date of Receipt: 04 16 2004
Transaction ID: 0517200432C44647
Amount of Each Receipt this Period: 5.00
Other Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **16.00**

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
(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): American Academy Of Ophthalmology
Mailing Address: PO Box 7424
City: San Francisco State: CA Zip Code: 94120-7424
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 17.00
Date of Receipt: 04 29 2004
Transaction ID: 0517200432C44648
Amount of Each Receipt this Period: 1.00
Other Receipt

B.
Full Name (Last, First, Middle Initial): American Academy Of Ophthalmology
Mailing Address: PO Box 7424
City: San Francisco State: CA Zip Code: 94120-7424
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 18.00
Date of Receipt: 04 30 2004
Transaction ID: 0517200432C44649
Amount of Each Receipt this Period: 1.00
Other Receipt

C.
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: 220.42
Date of Receipt: 04 30 2004
Transaction ID: D5182D0416C44651
Amount of Each Receipt this Period: 54.69
Other Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 56.69

TOTAL This Period (last page this line number only) ..... ▶ 72.69

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)

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

Mailing Address PO Box 24512

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

Purpose of Disbursement
UB CKING ACCT EXP 4/04

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D5182D0417E37B2

Date of Disbursement
04 / 30 / 2004

Amount of Each Disbursement this Period
274.34

UB CKING ACCT EXP 4/04

SUBTOTAL of Disbursements This Page (optional) ..... ▶	274.34
TOTAL This Period (last page this line number only) ..... ▶	274.34

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): Congressman Joe Barton Committee
Mailing Address: PO Box 1444
City: Ennis State: TX Zip Code: 75120-1444
Purpose of Disbursement: HOUSE TX-6
Candidate Name:
Category/Type: HOUSE TX-6
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D4292D0421E3717
Date of Disbursement: 04 / 19 / 2004
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): Bass Victory Committee
Mailing Address: PO Box 3451
City: Concord State: NH Zip Code: 03302-3451
Purpose of Disbursement: HOUSE NH-2
Candidate Name:
Category/Type: HOUSE NH-2
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4292D0421E3729
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00

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
Candidate Name:
Category/Type: HOUSE FL-9
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4292D0421E3714
Date of Disbursement: 04 / 19 / 2004
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

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): Hoosiers Supporting Buyer For Congress
Mailing Address: PO Box 712, 200 N Main St
City: Monticello | State: IN | Zip Code: 47960-0712
Purpose of Disbursement: HOUSE IN-4
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 — X Primary / General / Other (specify)
Transaction ID: D4292D0421E3727
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE IN-4

B. Full Name (Last, First, Middle Initial): Shelley Moore Capito For Congres
Mailing Address: PO Box 11519
City: Charleston | State: WV | Zip Code: 25339-1519
Purpose of Disbursement: HOUSE WV-2
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 — X Primary / General / Other (specify)
Transaction ID: D5032D0445E3757
Date of Disbursement: 04 / 30 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE WV-2

C. Full Name (Last, First, Middle Initial): Christopher Cox Congressional Committee
Mailing Address: PO Box 8088 PMB-C
City: Newport Beach | State: CA | Zip Code: 92660-
Purpose of Disbursement: HOUSE CA-46
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 — Primary / X General / Other (specify)
Transaction ID: D4292D0421E3734
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE CA-46

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): A Lot of People Supporting Tom Daschle
Mailing Address: PO Box 1656
City: Sioux Falls | State: SD | Zip Code: 57101-1656
Purpose of Disbursement: SENATE - SD
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Category/Type: SENATE - SD
Transaction ID: D4292D0421E3733
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): Susan Davis for Congress
Mailing Address: 144 W D St
City: Encinitas | State: CA | Zip Code: 02024-3515
Purpose of Disbursement: HOUSE CA-53
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 Primary / X General / Other (specify)
Category/Type: HOUSE CA-53
Transaction ID: D4052D0454E37D5
Date of Disbursement: 04 / 02 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Democratic Congl Cmpgn Committee
Mailing Address: 430 S Capitol St SE
City: Washington | State: DC | Zip Code: 20003-4024
Purpose of Disbursement: CONGRESSIONAL CAMPAIGN CONTRIBUTION
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 Primary / X General / Other (specify)
Category/Type: CONGRESSIONAL CAMPAIGN CONTRIBUTION
Transaction ID: D4292D0421E3720
Date of Disbursement: 04 / 19 / 2004
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 8500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 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 National Committee

Mailing Address 430 S Capitol St SE

City: Washington | State: DC | Zip Code: 20003-4024

Purpose of Disbursement: COMMITTEE CONTRIBUTION

Candidate Name

Office Sought: House / Senate / President

State: District

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D4292D0421E3718
Date of Disbursement: 04 / 19 / 2004

Amount of Each Disbursement this Period: 5000.00

Category/Type: COMMITTEE CONTRIBUTION

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

Mailing Address 120 Maryland Ave NE

City: Washington | State: DC | Zip Code: 20002-5610

Purpose of Disbursement: COMMITTEE CONTRIBUTION

Candidate Name

Office Sought: House / Senate / President

State: District

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D4292D0421E3719
Date of Disbursement: 04 / 19 / 2004

Amount of Each Disbursement this Period: 5000.00

Category/Type: COMMITTEE CONTRIBUTION

C.
Full Name (Last, First, Middle Initial)
Friends of Chris Dodd

Mailing Address PO Box 270701

City: W Hartford | State: CT | Zip Code: 06127-

Purpose of Disbursement: SENATE - CT

Candidate Name

Office Sought: House / Senate / President

State: District

Disbursement For: 2004 X Primary General Other (specify)

Transaction ID: 0405200454E3696
Date of Disbursement: 04 / 02 / 2004

Amount of Each Disbursement this Period: 1000.00

Category/Type: SENATE - CT

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): Charles A Gonzalez Congressional Campaig
Mailing Address: PO Box 12612
City: San Antonio | State: TX | Zip Code: 78212-0612
Purpose of Disbursement: HOUSE TX-20
Candidate Name:
Category/Type:
Office Sought: House / Senate / President — State: District
Disbursement For: 2004 — Primary / X General / Other (specify)
Transaction ID: D4052D0454E3710
Date of Disbursement: 04 / 02 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE TX-20

B.
Full Name (Last, First, Middle Initial): Grassley Committee
Mailing Address: PO Box 1000
City: Des Moines | State: IA | Zip Code: 50304-1000
Purpose of Disbursement: SENATE - IA
Candidate Name:
Category/Type:
Office Sought: House / Senate / President — State: District
Disbursement For: 2004 — X Primary / General / Other (specify)
Transaction ID: D4052D0454E3696
Date of Disbursement: 04 / 02 / 2004
Amount of Each Disbursement this Period: 1000.00
SENATE - IA

C.
Full Name (Last, First, Middle Initial): Grassley Committee
Mailing Address: PO Box 1000
City: Des Moines | State: IA | Zip Code: 50304-1000
Purpose of Disbursement: SENATE - IA
Candidate Name:
Category/Type:
Office Sought: House / Senate / President — State: District
Disbursement For: 2004 — Primary / X General / Other (specify)
Transaction ID: 0405200454E3707
Date of Disbursement: 04 / 02 / 2004
Amount of Each Disbursement this Period: 1500.00
SENATE - IA

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3500.00**

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 Jane Harman
Mailing Address: PO Box 96
City: Torrance State: CA Zip Code: 90507-0096
Purpose of Disbursement: HOUSE CA-36
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D4292D0421E3716
Date of Disbursement: 04 / 19 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE CA-36

B.
Full Name (Last, First, Middle Initial): JD Hayworth for Congress
Mailing Address: 14300 N Northsight Blvd Suite 105
City: Scottsdale State: AZ Zip Code: 85260-3672
Purpose of Disbursement: HOUSE AZ-5
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4292D0421E3725
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE AZ-5

C.
Full Name (Last, First, Middle Initial): Hooley For Congress
Mailing Address: PO Box 2050
City: Salem State: OR Zip Code: 97308-2050
Purpose of Disbursement: HOUSE OR-5
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 0503200445E3756
Date of Disbursement: 04 / 30 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE OR-5

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)

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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): Hoyer For Congress
Mailing Address: 7905 Malcolm Rd, Suite 102
City: Clinton | State: MD | Zip Code: 20735-1734
Purpose of Disbursement: HOUSE MD-5
Candidate Name:
Category/Type: HOUSE MD-5
Office Sought: House / Senate / President / District / State:
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D4052D0454E37D9
Date of Disbursement: 04 02 2004
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Georgians For Isakson
Mailing Address: 6000 Lake Forest Drive, Suite 108
City: Atlanta | State: GA | Zip Code: 30328-5002
Purpose of Disbursement: HOUSE GA-6
Candidate Name:
Category/Type: HOUSE GA-6
Office Sought: House / Senate / President / District / State:
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4292D0421E3715
Date of Disbursement: 04 19 2004
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): The Jefferson Committee
Mailing Address: 499 South Capitol Street, SW, Suite 114
City: Washington | State: DC | Zip Code: 20003-
Purpose of Disbursement: HOUSE LA-2
Candidate Name:
Category/Type: HOUSE LA-2
Office Sought: House / Senate / President / District / State:
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 0405200454E3699
Date of Disbursement: 04 02 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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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): Keller For Congress
Mailing Address: PO Box 1453
City: Orlando | State: FL | Zip Code: 32802-1453
Purpose of Disbursement: HOUSE FL - 8
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D4052D0454E3697
Date of Disbursement: 04 / 02 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE FL - 8

B.
Full Name (Last, First, Middle Initial): McCaul for Congress, Inc.
Mailing Address: 3508 Far West Blvd Suite 320
City: Austin | State: TX | Zip Code: 78731-
Purpose of Disbursement: HOUSE TX-10
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D4052D0454E3703
Date of Disbursement: 04 / 02 / 2004
Amount of Each Disbursement this Period: 2500.00
HOUSE TX-10

C.
Full Name (Last, First, Middle Initial): Cmte for the Preservation of Capitalism
Mailing Address: PO Box 22614
City: Alexandria | State: VA | Zip Code: 22304-
Purpose of Disbursement: LEADERSHIP PAC
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: 0429200421E3737
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 5000.00
LEADERSHIP PAC

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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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)
Jeff Miller For Congress

Mailing Address PO Box 126

City: Pensacola | State: FL | Zip Code: 32591-0126

Purpose of Disbursement: HOUSE FL-1

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: 2004
X Primary General
Other (specify)

Transaction ID: 0503200445E3751
Date of Disbursement: 04 30 2004

Amount of Each Disbursement this Period: 2500.00

HOUSE FL-1

B.
Full Name (Last, First, Middle Initial)
Lisa Murkowski for US Senate

Mailing Address PO Box 100847

City: Anchorage | State: AK | Zip Code: 09510-0847

Purpose of Disbursement: SENATE - AK

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: 2004
X Primary General
Other (specify)

Transaction ID: 0405200454E3695
Date of Disbursement: 04 02 2004

Amount of Each Disbursement this Period: 1000.00

SENATE - AK

C.
Full Name (Last, First, Middle Initial)
Sue Myrick for Congress

Mailing Address PO Box 37091

City: Charlotte | State: NC | Zip Code: 28237-

Purpose of Disbursement: HOUSE NC-9

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: 2004
X Primary General
Other (specify)

Transaction ID: 0503200445E3754
Date of Disbursement: 04 30 2004

Amount of Each Disbursement this Period: 1000.00

HOUSE NC-9

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

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

A. Full Name (Last, First, Middle Initial)
Natl Republican Congressional Comm

Mailing Address 320 1st St SE

City: Washington | State: DC | Zip Code: 20003-1838

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D4292D0421E3723
Date of Disbursement: 04 / 19 / 2004

Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial)
Natl Republican Senatorial 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: D4292D0421E3722
Date of Disbursement: 04 / 19 / 2004

Amount of Each Disbursement this Period: 5000.00

COMMITTEE CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
Neugebauer Congressional Committee

Mailing Address 3305 66th Street
Suite 1

City: Lubbock | State: TX | Zip Code: 79413-

Purpose of Disbursement
HOUSE TX-19

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: 2004 Primary X General Other (specify)

Transaction ID: D4292D0421E3796
Date of Disbursement: 04 / 23 / 2004

Amount of Each Disbursement this Period: 1000.00

HOUSE TX-19

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

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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): Pastor For Arizona
Mailing Address: PO Box 6554
City: Phoenix | State: AZ | Zip Code: 85005-6554
Purpose of Disbursement: HOUSE AZ-4
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D4292D0421E3724
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE AZ-4

B.
Full Name (Last, First, Middle Initial): Pryce For Congress
Mailing Address: 340 E Gray Street
City: Columbus | State: OH | Zip Code: 43215-
Purpose of Disbursement: HOUSE OH-15
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 Primary / X General / Other (specify)
Transaction ID: D4292D0421E3735
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 2500.00
HOUSE OH-15

C.
Full Name (Last, First, Middle Initial): Friends For Harry Reid
Mailing Address: PO Box 85223
City: Las Vegas | State: NV | Zip Code: 89185-0223
Purpose of Disbursement: SENATE - NV
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: 0405200454E3700
Date of Disbursement: 04 / 02 / 2004
Amount of Each Disbursement this Period: 2500.00
SENATE - NV

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

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

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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): Republican National Committee
Mailing Address: 310 1st St SE
City: Washington | State: DC | Zip Code: 20003-1885
Purpose of Disbursement: COMMITTEE CONTRIBUTION
Candidate Name:
Category/Type: COMMITTEE CONTRIBUTION
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D4292D0421E3721
Date of Disbursement: 04 / 19 / 2004
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Friends Of Senator Rockefeller
Mailing Address: PO Box 1909
City: Charleston | State: WV | Zip Code: 25327-
Purpose of Disbursement: SENATE - WV
Candidate Name:
Category/Type: SENATE - WV
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4052D0454E37D1
Date of Disbursement: 04 / 02 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Ros-lehtinen For Congress
Mailing Address: PO Box 52-2784 Suite 100
City: Miami | State: FL | Zip Code: 33152-
Purpose of Disbursement: HOUSE FL-18
Candidate Name:
Category/Type: HOUSE FL-18
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 0503200445E3752
Date of Disbursement: 04 / 30 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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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): Steve Rothman For Congress Inc
Mailing Address: PO Box 714
City: Hackensack State: NJ Zip Code: 07602-0714
Purpose of Disbursement: HOUSE NJ-9
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D5032D0445E3755
Date of Disbursement: 04 / 30 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE NJ-9

B.
Full Name (Last, First, Middle Initial): Ryan For Congress
Mailing Address: PO Box 1919
City: Janesville State: WI Zip Code: 53547-1919
Purpose of Disbursement: HOUSE WI-1
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D4052D0454E3702
Date of Disbursement: 04 / 02 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE WI-1

C.
Full Name (Last, First, Middle Initial): Christopher Shays For Congress Committee
Mailing Address: 88 East Avenue Rear Building
City: Norwalk State: CT Zip Code: 06851-
Purpose of Disbursement: HOUSE CT-4
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D429D0421E3726
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE CT-4

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

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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): Snyder for Congress
Mailing Address: PO Box 23349
City: Waco | State: TX | Zip Code: 76702-3349
Purpose of Disbursement: HOUSE TX-17
Candidate Name:
Office Sought: House / Senate / President — State: District
Disbursement For: 2004 — X Primary / General / Other (specify)
Transaction ID: D4052D0454E37D4
Date of Disbursement: 04 / 02 / 2004
Amount of Each Disbursement this Period: 5000.00
Category/Type: HOUSE TX-17

B.
Full Name (Last, First, Middle Initial): Friends Of John Tanner
Mailing Address: PO Box 1994
City: Union City | State: TN | Zip Code: 38281-1994
Purpose of Disbursement: HOUSE TN-8
Candidate Name:
Office Sought: House / Senate / President — State: District
Disbursement For: 2004 — X Primary / General / Other (specify)
Transaction ID: D429200421E3731
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE TN-8

C.
Full Name (Last, First, Middle Initial): Committee To Re-elect Ed Towns
Mailing Address: 438 Lewis Ave
City: Brooklyn | State: NY | Zip Code: 11233-1726
Purpose of Disbursement: HOUSE NY-10
Candidate Name:
Office Sought: House / Senate / President — State: District
Disbursement For: 2004 — X Primary / General / Other (specify)
Transaction ID: D429200421E3790
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE NY-10

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

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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): Westmoreland for Congress
Mailing Address: PO Box 458
City: Sharpsburg | State: GA | Zip Code: 30277-
Purpose of Disbursement: HOUSE GA-8
Candidate Name:
Category/Type: HOUSE GA-8
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D5132D046E375B
Date of Disbursement: 04 / 30 / 2004
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): Wyden For Senate
Mailing Address: 216 Maryland Ave NE
City: Washington | State: DC | Zip Code: 20002-5740
Purpose of Disbursement: SENATE OR
Candidate Name:
Category/Type: SENATE OR
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D4292D0421E3732
Date of Disbursement: 04 / 23 / 2004
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶	3500.00
TOTAL This Period (last page this line number only) ..... ▶	89500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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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): Fritz Bruening
Mailing Address: 5014 Villa Linde Pkwy
City: Flint State: MI Zip Code: 48532-
Purpose of Disbursement: Refund of Contribution excessive contrib
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: D4052D0454E3711
Date of Disbursement: 04 / 05 / 2004
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): Thomas Carl Fenzl
Mailing Address: 3519 Friendsville Rd
City: Wooster State: OH Zip Code: 44691-1241
Purpose of Disbursement: Refund of Contribution refund 4/26 contr
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: D429200421E3739
Date of Disbursement: 04 / 26 / 2004
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): Rafael Gallardo
Mailing Address: PO Box 362158
City: San Juan State: PR Zip Code: 00936-2158
Purpose of Disbursement: Refund of Contribution refund 4/26 contr
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Transaction ID: D429200421E3745
Date of Disbursement: 04 / 26 / 2004
Amount of Each Disbursement this Period: 250.00

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

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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)
Mark Christophe Maria

Mailing Address 150 Quail Lane

City: Lebanon | State: PA | Zip Code: 17042-9403

Purpose of Disbursement
Refund of Contribution refund 4/26 contr

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D4292D0421E3740
Date of Disbursement: 04 / 26 / 2004

Amount of Each Disbursement this Period: 250.00

B. 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

Purpose of Disbursement
Refund of Contribution refund of contrib

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D4292D0421E3744
Date of Disbursement: 04 / 26 / 2004

Amount of Each Disbursement this Period: 250.00

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

Mailing Address 899 East Basse Suite #127

City: San Antonio | State: TX | Zip Code: 78209-

Purpose of Disbursement
Refund of Contribution refund of 4/26 co

Candidate Name

Category/Type

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D4292D0421E3749
Date of Disbursement: 04 / 26 / 2004

Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **750.00**

TOTAL This Period (last page this line number only) ..... ▶ **3250.00**