

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 eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

ADDRESS (number and street) 4000 Legato Road, Suite 700 Check if different than previously reported. (ACC) Fairfax VA 22033

2. FEC IDENTIFICATION NUMBER C00171504 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: General, Runoff, Special

5. Covering Period 04 01 2006 through 06 30 2006

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 Suzanne S. Peeler Signature of Treasurer Electronically Filed by Suzanne S. Peeler Date 07 14 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

eyePAC Political Action Committee for American Society of Cataract and Refractive  
Surger

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		91027.92
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	91027.92									
(c) Total Receipts (from Line 19) .....	5615.14	7177.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	96643.06	98205.38								
7. Total Disbursements (from Line 31) .....	26373.34	28181.10								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	70269.72	70024.28								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	0.00	0.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
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.) .....	5615.14	7177.46
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)) .....	5615.14	7177.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5615.14	7177.46

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	373.34	1181.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	373.34	1181.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19500.00	20500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	6500.00	6500.00
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))..	26373.34	28181.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	26373.34	28181.10

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	373.34	1181.10
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	373.34	1181.10

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

**A.** Full Name (Last, First, Middle Initial)  
Warren Fagadau

Mailing Address 6131 Luther Ln

City State Zip Code  
Dallas TX 75225-6200

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 11 / 2006

Transaction ID: 60714.C2267

Amount of Each Receipt this Period  
500.00

Other Receipt

**B.** Full Name (Last, First, Middle Initial)  
Gerald Keener

Mailing Address 1400 N Ritter Ave

City State Zip Code  
Indianapolis IN 46219-3099

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 07 / 2006

Transaction ID: 60714.C2262

Amount of Each Receipt this Period  
200.00

Other Receipt

**C.** Full Name (Last, First, Middle Initial)  
Howard Krauss

Mailing Address SC-Ophthalmology  
11645 Wilshire Blvd. Suite #600

City State Zip Code  
Los Angeles CA 90025-

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

Name of Employer Occupation  
SC-Ophthalmology

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 07 / 2006

Transaction ID: 60714.C2263

Amount of Each Receipt this Period  
1000.00

Other Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

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

Mailing Address Lehmann Eye Center  
5300 North St

City State Zip Code  
Nacogdoches TX 75965-

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

Name of Employer Occupation  
Lehmann Eye Center

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 1 / 2 0 0 6

Transaction ID: 60714.C2269

Amount of Each Receipt this Period  
1000.00

Other Receipt

**B.** Full Name (Last, First, Middle Initial)  
Patricia Mccoy

Mailing Address The Eye Center  
401 Meridian St, # 200

City State Zip Code  
Huntsville AL 35801-

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

Name of Employer Occupation  
The Eye Center

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60714.C2266

Amount of Each Receipt this Period  
300.00

Other Receipt

**C.** Full Name (Last, First, Middle Initial)  
Marguerite Mcdonald

Mailing Address 2820 Napoleon Ave

City State Zip Code  
New Orleans LA 70115-6985

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

Name of Employer Occupation  
Southern Vision Institute MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 7 / 2 0 0 6

Transaction ID: 60714.C2259

Amount of Each Receipt this Period  
200.00

Other Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
 eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

**A.** Full Name (Last, First, Middle Initial)  
 William Morris

Mailing Address Metropolitan Eye Assoc.  
 1140 Varnum St. N.e. Ste. B-010

City Washington State DC Zip Code 20017-

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

Name of Employer Metropolitan Eye Assoc. Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 1 / 2 0 0 6

Transaction ID: 60714.C2270

Amount of Each Receipt this Period  
 300.00

Other Receipt

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

Mailing Address Russellville Eye Clinic  
 Po Box 400

City Russellville State AR Zip Code 72811-

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

Name of Employer Russellville Eye Clinic Occupation MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 7 / 2 0 0 6

Transaction ID: 60714.C2265

Amount of Each Receipt this Period  
 1000.00

Other Receipt

**C.** Full Name (Last, First, Middle Initial)  
 Gerald Schultz

Mailing Address Schultz Eye Clinic  
 81-893 Dr. Carreon Blvd, # 2

City Indio State CA Zip Code 92201-

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

Name of Employer Schultz Eye Clinic Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 1 / 2 0 0 6

Transaction ID: 60714.C2268

Amount of Each Receipt this Period  
 300.00

Other Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 16	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

Full Name (Last, First, Middle Initial) A. J Woodhams	
Mailing Address Woodhams Eye Clinic, PC 1140 Hammond Dr Ste E-5100	
City Atlanta	State Zip Code GA 30328-
FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Woodhams Eye Clinic, Pc	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y 04 / 11 / 2006
Transaction ID: 60714.C2271
Amount of Each Receipt this Period 300.00
Other Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5100.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 16

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

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NAME OF COMMITTEE (In Full)

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

Full Name (Last, First, Middle Initial)

**A.** Suntrust Bank

Mailing Address 1445 New York Ave NW

City Washington State DC Zip Code 20005-2158

Purpose of Disbursement APRIL/ELECTRONIC FEES

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 60714.E449

Date of Disbursement

04 / 30 / 2006

Amount of Each Disbursement this Period

171.94

APRIL/ELECTRONIC FEES

**B.** Suntrust Bank

Mailing Address 1445 New York Ave NW

City Washington State DC Zip Code 20005-2158

Purpose of Disbursement AMERICAN EXPRESS CHARGE

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 60714.E453

Date of Disbursement

04 / 30 / 2006

Amount of Each Disbursement this Period

37.70

AMERICAN EXPRESS CHARGE

**C.** Suntrust Bank

Mailing Address 1445 New York Ave NW

City Washington State DC Zip Code 20005-2158

Purpose of Disbursement MAY/ELECTRONIC FEES

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 60714.E450

Date of Disbursement

05 / 31 / 2006

Amount of Each Disbursement this Period

92.20

MAY/ELECTRONIC FEES

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

301.84

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 16

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

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NAME OF COMMITTEE (In Full)

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

Full Name (Last, First, Middle Initial)

**A.** Suntrust Bank

Mailing Address 1445 New York Ave NW

City Washington State DC Zip Code 20005-2158

Purpose of Disbursement  
JUNE/ELECTRONIC FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 60714.E451

Date of Disbursement

06 / 30 / 2006

Amount of Each Disbursement this Period

71.50

JUNE/ELECTRONIC FEES

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

71.50

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

373.34

**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)

PAGE 12 / 16

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

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NAME OF COMMITTEE (In Full)

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

Full Name (Last, First, Middle Initial)

**A.** Representative John Shadegg

Mailing Address John Shadegg for Congress  
P O Box 45444

City Phoenix State AZ Zip Code 85064-

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 60714.E452

Date of Disbursement

06 / 15 / 2006

Amount of Each Disbursement this Period

982.50

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

982.50

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

982.50

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 16

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

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NAME OF COMMITTEE (In Full)

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

Full Name (Last, First, Middle Initial) <b>A. Senator Jeff Bingaman</b>		<b>Transaction ID: 60412.E428</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address A Lot of People Who Support Jeff B PO Box 16210		Amount of Each Disbursement this Period 1000.00	
City Albuquerque	State NM		Category/ Type
Purpose of Disbursement			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Senator Jeff Bingaman</b>		<b>Transaction ID: 60714.E444</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6	
Mailing Address A Lot of People Who Support Jeff B PO Box 16210		Amount of Each Disbursement this Period 1000.00	
City Albuquerque	State NM		Category/ Type
Purpose of Disbursement D-NM			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		D-NM	

Full Name (Last, First, Middle Initial) <b>C. Representative Sherrod Brown</b>		<b>Transaction ID: 60714.E445</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6	
Mailing Address Sherrod 111 Edgefield Dr.		Amount of Each Disbursement this Period 5000.00	
City Elyria	State OH		Category/ Type
Purpose of Disbursement D-SENATE-2006 GENERAL ELECTION			
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		D-SENATE-2006 GENERAL ELE- CTION	

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

Full Name (Last, First, Middle Initial)

**A.** Representative Nancy L. Johnson

Mailing Address Re-elect Nancy Johnson to Congress  
Morgan Meredith & Assoc.

City Chantilly State VA Zip Code 20151-

Purpose of Disbursement  
2006 PRIMARY

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 60714.E440

Date of Disbursement

05 / 09 / 2006

Amount of Each Disbursement this Period

4000.00

2006 PRIMARY

Full Name (Last, First, Middle Initial)

**B.** Representative Nancy L. Johnson

Mailing Address Re-elect Nancy Johnson to Congress  
Morgan Meredith & Assoc.

City Chantilly State VA Zip Code 20151-

Purpose of Disbursement  
R-CT 2006 GENERAL ELECTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 60714.E442

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

5000.00

R-CT 2006 GENERAL ELECTION

Full Name (Last, First, Middle Initial)

**C.** Representative Charlie W. Norwood

Mailing Address Norwood For Congress  
3914 Mullikin Road

City Evans State GA Zip Code 30809-

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 60714.E432

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

3500.00

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

12500.00

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

19500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

Full Name (Last, First, Middle Initial)

**A.** Representative Nancy L. Johnson

Mailing Address Re-elect Nancy Johnson to Congress  
Morgan Meredith & Assoc.

City Chantilly State VA Zip Code 20151-

Purpose of Disbursement  
R-CT LEADERSHIP PAC

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 60714.E436

Date of Disbursement

04 / 27 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B.** Fred Morgan

Mailing Address PO Box 14510

City Oklahoma City State OK Zip Code 73113-

Purpose of Disbursement  
CANIDATE US HOUSE OF REP/OK-5TH DIS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 60714.E433

Date of Disbursement

04 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Fred Morgan

Mailing Address PO Box 14510

City Oklahoma City State OK Zip Code 73113-

Purpose of Disbursement  
CANDIDATE FOR US HOUSE OK-5TH DISTR

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 60714.E439

Date of Disbursement

04 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 16

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

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NAME OF COMMITTEE (In Full)

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

<p><b>A.</b> Full Name (Last, First, Middle Initial) Joe Schwarz</p>		<p><b>Transaction ID:</b> 60714.E434 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	7		2	0	0	6														
<p>Mailing Address 2164 Beechnut Trail</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1000.00</td> </tr> </table> </p>		1000.00																			
1000.00																							
<p>City Holt State MI Zip Code 48842-</p>	<p>Purpose of Disbursement R-7-MI 2006 PRIMARY</p>																						
<p>Candidate Name</p>		<p>Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Joe Schwarz</p>		<p><b>Transaction ID:</b> 60714.E437 <b>Date of Disbursement</b>  <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	7		2	0	0	6														
<p>Mailing Address 2164 Beechnut Trail</p>		<p>Amount of Each Disbursement this Period  <table border="1"> <tr> <td>1000.00</td> </tr> </table> </p>		1000.00																			
1000.00																							
<p>City Holt State MI Zip Code 48842-</p>	<p>Purpose of Disbursement</p>																						
<p>Candidate Name</p>		<p>Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						

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

2000.00

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

6500.00