FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼ 655 Beach Street

Check if different than previously reported. (ACC)

San Francisco | CA | 94109

2. **FEC IDENTIFICATION NUMBER** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00196246

3. IS THIS REPORT — X NEW (N) **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: X

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

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

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 01 01 2004 through 01 31 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 02 11 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: 01 01 2004 To: 01 31 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	446169.67	
(c) Total Receipts (from Line 19)	32523.36	32523.36
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	478693.03	478693.03
7. Total Disbursements (from Line 31)	1303.15	1303.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	477389.88	477389.88
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: 01 01 2004 To: 01 31 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)	23540.00	
(ii) Unitemized	8928.75	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	32468.75	32468.75
(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) ..... ▶	32468.75	32468.75
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.)	54.61	54.61
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))	32523.36	32523.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32523.36	32523.36

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	803.15	803.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	803.15	803.15
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
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	500.00	500.00
(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)) ▶	500.00	500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1303.15	1303.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	1303.15	1303.15

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	32468.75	32468.75
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31968.75	31968.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	803.15	803.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	803.15	803.15

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 25
(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): Mayssa Aziz-Toppino
Mailing Address: 4880 N Hwy 19A
City: Mount Dora | State: FL | Zip Code: 32757-2008
FEC 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: 01 26 2004
Transaction ID: 0211200419C44305
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial): Robert Baker
Mailing Address: 3206 Churchland Blvd
City: Chesapeake | State: VA | Zip Code: 23321-5206
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: 250.00
Date of Receipt: 01 06 2004
Transaction ID: 0114200420C44210
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Jeffrey Baumann
Mailing Address: 17560 W Hwy 441
City: Mount Dora | State: FL | Zip Code: 32757-
FEC 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: 01 26 2004
Transaction ID: D2112D0419C443D0
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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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): A Jan Berlin
Mailing Address: PO Box 511
City: South Freeport | State: ME | Zip Code: 04078-0511
FEC 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: 01 30 2004
Transaction ID: 0211200419C44313
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial): Cynthia Ann Bradford
Mailing Address: Dean A McGee Eye Inst, 608 Stanton L Young Blvd
City: Oklahoma City | State: OK | Zip Code: 73104-
FEC 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: 01 21 2004
Transaction ID: 0211200419C44284
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Dennis Breene
Mailing Address: 101 E Miller Rd
City: Sterling | State: IL | Zip Code: 61081-
FEC 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: 01 05 2004
Transaction ID: D1142D0420C44189
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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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial)
James Cannetti, JR
Mailing Address 856 West Market Street
City: Akron State: OH Zip Code: 44303-
FEC 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: 01 13 2004
Transaction ID: 0211200419C44251
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Peter Chen
Mailing Address 1250 South Sunset Avenue Ste 205
City: West Covina State: CA Zip Code: 91790-
FEC 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: 01 13 2004
Transaction ID: 0211200419C44262
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Edward Chemey
Mailing Address 6413 Edinburgh Dr
City: Nashville State: TN Zip Code: 37221-
FEC 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: 01 13 2004
Transaction ID: 0211200419C44255
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

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

A.
Full Name (Last, First, Middle Initial): Clark Cobble
Mailing Address: Danville Eye Center, 515 Rison Street
City: Danville State: VA Zip Code: 24541-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 01 14 2004
Transaction ID: 0211200419C44266
Amount of Each Receipt this Period: 600.00
Receipt

B.
Full Name (Last, First, Middle Initial): Thomas Durrey
Mailing Address: Ste 100-B, 1900 Kirby Pkwy
City: Germantown State: TN Zip Code: 38138-3653
FEC 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: 01 26 2004
Transaction ID: 0211200419C44297
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Michael Diesenhouse
Mailing Address: 1201 E Paseo Pavon
City: Tucson State: AZ Zip Code: 85718-2810
FEC 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: 01 07 2004
Transaction ID: D1142D0420C44241
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1350.00

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)
Mark Drabkin
Mailing Address 3707 Maidu Place
City: Davis State: CA Zip Code: 95616-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 01 26 2004
Transaction ID: 0211200419C44310
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Paul Fecko
Mailing Address Ste 302
189 Townsend St
City: Birmingham State: MI Zip Code: 48009-6011
FEC 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: 01 05 2004
Transaction ID: 0114200420C44191
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Gerald Farenstein
Mailing Address 401 East Gold Coast Road
City: Papillion State: NE Zip Code: 68128-
FEC 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: 01 07 2004
Transaction ID: D1142D0420C44217
Amount of Each Receipt this Period: 300.00
Receipt

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

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

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)
Martin Fishman

Mailing Address 431 Monterey Avenue, #3

City: Los Gatos | State: CA | Zip Code: 95030-

FEC 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: 01 07 2004

Transaction ID: 0114200420C44233

Amount of Each Receipt this Period: 500.00

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: 250.00

Date of Receipt: 01 07 2004

Transaction ID: 0114200420C44229

Amount of Each Receipt this Period: 250.00

Receipt

C. Full Name (Last, First, Middle Initial)
John Haley

Mailing Address Garland Ophthalmology Center
1626 Forest Ln Ste B

City: Garland | State: TX | Zip Code: 75042-7507

FEC 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: 01 07 2004

Transaction ID: 0114200420C44247

Amount of Each Receipt this Period: 250.00

Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Jeffrey Heimer
Mailing Address: 507 Locust Ln
City: State College | State: PA | Zip Code: 16801-
FEC 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: 01 05 2004
Transaction ID: 0114200420C44190
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Bruce Heron
Mailing Address: 668 Skyline Dr
City: Jackson | State: TN | Zip Code: 38301-
FEC ID number of contributing federal political committee: C
Name of Employer: THE EYE CLINIC
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 06 2004
Transaction ID: 0114200420C44211
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Mark Hughes
Mailing Address: Ste 600, 50 Staniford St
City: Boston | State: MA | Zip Code: 02114-2508
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1250.00
Date of Receipt: 01 07 2004
Transaction ID: D1142D0420C44243
Amount of Each Receipt this Period: 1250.00
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
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Jerry Hunsaker
Mailing Address: Ste 106, 4707 Everhart Rd
City: Corpus Christi | State: TX | Zip Code: 78411-2752
FEC 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: 01 13 2004
Transaction ID: 0211200419C44259
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Peter Jensen
Mailing Address: 120B Hilltop Ste 200
City: Rock Springs | State: WY | Zip Code: 82901-
FEC 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: 01 06 2004
Transaction ID: 0114200420C44206
Amount of Each Receipt this Period: 500.00
Receipt

C.
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: 625.00
Date of Receipt: 01 07 2004
Transaction ID: D1142D0420C44224
Amount of Each Receipt this Period: 625.00
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

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): Gerald Keener, JR
Mailing Address: 1400 N Ritter Ave, Ste 276
City: Indianapolis State: IN Zip Code: 46219-3046
FEC 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: 01 22 2004
Transaction ID: 0211200419C44289
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Charles Lederer
Mailing Address: 1004 Carondelet #405
City: Kansas City State: MO Zip Code: 64114-4801
FEC 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: 01 14 2004
Transaction ID: 0211200419C44270
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Eligius Leis
Mailing Address: 14488 Hawthorn Dr
City: Lemont State: IL Zip Code: 60439-
FEC 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: 01 26 2004
Transaction ID: 0211200419C44304
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 15 / 25
(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 Lesser
Mailing Address: The Eye Care Group, 40 Temple Street, Ste 5B
City: New Haven State: CT Zip Code: 06510-
FEC 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: 01 14 2004
Transaction ID: 0211200419C44277
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): David Loewy
Mailing Address: 407 Ave K SE
City: Winter Haven State: FL Zip Code: 33880-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 01 22 2004
Transaction ID: 0211200419C44292
Amount of Each Receipt this Period: 350.00
Receipt

C.
Full Name (Last, First, Middle Initial): Richard Low
Mailing Address: 5A Fulling Mill Lane
City: Hingham State: MA Zip Code: 02043-
FEC 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: 01 06 2004
Transaction ID: D1142D0420C44202
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1100.00**

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 / 25
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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)
Benjamin Martin
Mailing Address 4120 Del Prado Boulevard
City: Cape Coral State: FL Zip Code: 33904-
FEC 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: 01 07 2004
Transaction ID: 0114200420C44240
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial)
David Melnikin
Mailing Address 1700 Curie Dr
3800 Sierra Towers
City: El Paso State: TX Zip Code: 79902-2905
FEC 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: 01 14 2004
Transaction ID: 0211200419C44276
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Richard Mills
Mailing Address Ste 1124
1221 Madison St
City: Seattle State: WA Zip Code: 98104-3538
FEC 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: 01 14 2004
Transaction ID: D2112D0419C44279
Amount of Each Receipt this Period: 365.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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)
W John Murrell
Mailing Address 15 Medical Dr
City: Amarillo State: TX Zip Code: 79106-4137
FEC 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: 01 07 2004
Transaction ID: 0114200420C44234
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial)
G Peyton Neatrour
Mailing Address 1201 First Colonial Rd
City: Virginia Beach State: VA Zip Code: 23454-
FEC 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: 01 14 2004
Transaction ID: 0211200419C44274
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial)
David James OMorchoe
Mailing Address Pacific Eyecare Poulsbo
2D669 Bond Rd NE
City: Poulsbo State: WA Zip Code: 98370-
FEC 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: 01 26 2004
Transaction ID: D2112D0419C443D6
Amount of Each Receipt this Period: 1000.00
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

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

A.
Full Name (Last, First, Middle Initial)
Lawrence Ronning
Mailing Address 8046 Whipple Avenue
City: North Canton State: OH Zip Code: 44720-
FEC 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: 01 26 2004
Transaction ID: 0211200419C44298
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Dalia Sang
Mailing Address 73 Chatham St
City: Brookline State: MA Zip Code: 02446-
FEC 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: 01 07 2004
Transaction ID: 0114200420C44244
Amount of Each Receipt this Period: 1250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Barbara Schroeder
Mailing Address 3301 Lake Ave
City: Fort Wayne State: IN Zip Code: 46805-5523
FEC 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: 01 06 2004
Transaction ID: 0114200420C44205
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1850.00

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): Ivan Schwab
Mailing Address: UC Davis/Dept Ophthalmology, 4860 Y St Suite 2400
City: Sacramento State: CA Zip Code: 95817-
FEC 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: 01 07 2004
Transaction ID: 0114200420C44215
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Eric Smith
Mailing Address: Suite 2-C, 135 West Ravine
City: Kingsport State: TN Zip Code: 37660-
FEC 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: 01 14 2004
Transaction ID: 0211200419C44269
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Robert Stamper
Mailing Address: UCSF Dept Ophthalmology, 10 Kirkham St Rm K-301
City: San Francisco State: CA Zip Code: 94143-0730
FEC 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: 01 26 2004
Transaction ID: 0211200419C44289
Amount of Each Receipt this Period: 250.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 25
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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): Shigemi Sugiki
Mailing Address: 1380 Lusitana St Ste 714
City: Honolulu | State: HI | Zip Code: 96813-
FEC 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: 01 07 2004
Transaction ID: 0114200420C44246
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): Mark Szal
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: 365.00

Date of Receipt: 01 26 2004
Transaction ID: 0211200419C44308
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): George Tate, JR
Mailing Address: 3329 River Landing Rd
City: Johns Island | State: SC | Zip Code: 29455-7235
FEC 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: 01 07 2004
Transaction ID: D1142D0420C44214
Amount of Each Receipt this Period: 250.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 21 / 25
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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 Walker
Mailing Address: 2668 Winkler Ave
City: Fort Myers | State: FL | Zip Code: 33901-9336
FEC 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: 01 26 2004
Transaction ID: 0211200419C44303
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Daniel Welch
Mailing Address: 407 Ave K SE
City: Winter Haven | State: FL | Zip Code: 33880-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 01 22 2004
Transaction ID: 0211200419C44293
Amount of Each Receipt this Period: 1000.00
Receipt

C.
Full Name (Last, First, Middle Initial): Thomas White
Mailing Address: 1701 South Minnesota Avenue
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: 01 22 2004
Transaction ID: 0211200419C44284
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

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

FOR LINE NUMBER: PAGE 22 / 25
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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)
Donald Wilson
Mailing Address 201 Pennsylvania Parkway
City: Indianapolis State: IN Zip Code: 46280-1381
FEC 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: 01 13 2004
Transaction ID: 0211200419C44252
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Chauncey Witcraft
Mailing Address 310 Second Avenue SW
City: Miami State: OK Zip Code: 74354-
FEC 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: 01 05 2004
Transaction ID: 0114200420C44183
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 730.00

TOTAL This Period (last page this line number only) ..... ▶ 23540.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 23 / 25
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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

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

Mailing Address PO Box 24512

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

FEC ID number of contributing federal political committee: C

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
54.61

Date of Receipt
01 31 2004

Transaction ID: 0211200419C44321

Amount of Each Receipt this Period
54.61

Other Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 54.61

TOTAL This Period (last page this line number only) ..... ▶ 54.61

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 1/04

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D2112D0419E35B1
Date of Disbursement
01 / 31 / 2004

Amount of Each Disbursement this Period
803.15

UB CKING ACCT EXP 1/04

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 803.15

TOTAL This Period (last page this line number only) ..... ▶ 803.15

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)

Full Name (Last, First, Middle Initial)
A. Charles Peter

Mailing Address 2305 Tinkham Rd.

City: Akron
State: OH
Zip Code: 44313-

Purpose of Disbursement
Refund of Contribution Never received mo

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D2112D0419E3595
Date of Disbursement
01 / 31 / 2004

Amount of Each Disbursement this Period
500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶	500.00
TOTAL This Period (last page this line number only) ..... ▶	500.00