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

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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 Berreen
Mailing Address: Bend Memorial Clinic, 1501 NE Medical Center Dr
City: Bend State: OR Zip Code: 97701-
FEC 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: 03 05 2004
Transaction ID: 0315200419C44392
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): Norman Blair
Mailing Address: 1905 W Taylor St
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: 365.00
Date of Receipt: 03 30 2004
Transaction ID: 0405200453C44402
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): Michael Drinnon
Mailing Address: 101 S San Mateo Dr Ste 310
City: San Mateo State: CA Zip Code: 94401-3844
FEC 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: 03 01 2004
Transaction ID: 0315200419C44382
Amount of Each Receipt this Period: 125.00
Receipt

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

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