FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼ 655 Beach Street

Check if different than previously reported. (ACC)

San Francisco | CA | 94109

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

C00196246

3. IS THIS REPORT — NEW (N) **OR** X 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 (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 02 01 2004 through 02 29 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 04 12 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: 02 01 2004 To: 02 29 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	477369.68	
(c) Total Receipts (from Line 19)	14190.99	46714.35
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	491560.67	492884.02
7. Total Disbursements (from Line 31)	121116.59	122419.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	370464.28	370464.28
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: 02 01 2004 To: 02 29 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)	11840.00	
(ii) Unitemized	2300.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	14140.00	46608.75
(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) ..... ▶	14140.00	46608.75
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.)	50.99	105.60
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))	14190.99	46714.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14190.99	46714.35

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	466.59	1269.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	466.59	1269.74
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	92000.00	92000.00
24. Independent Expenditure (use Schedule E)	27900.00	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	750.00	1250.00
(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)) ▶	750.00	1250.00
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))	121116.59	122419.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	121116.59	122419.74

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)	14140.00	46608.75
34. Total Contribution Refunds (from Line 28(d))	750.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13390.00	45358.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	466.59	1269.74
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	466.59	1269.74

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 38
(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): Roger Alfred Barth
Mailing Address: 160 Heritage Wy
City: Kalispell | State: MT | Zip Code: 59901-
FEC 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: 02 10 2004
Transaction ID: 0211200419C44322
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Peter Beaudette
Mailing Address: 6100 Pan American Fwy NE Ste 360
City: Albuquerque | State: NM | Zip Code: 87109-
FEC 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: 02 25 2004
Transaction ID: 0315200419C44361
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Steven Bodine
Mailing Address: Retina Consultations
915 Palmer Road
City: Bronxville | State: NY | Zip Code: 10708-
FEC 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: 02 10 2004
Transaction ID: 0211200419C44338
Amount of Each Receipt this Period: 1000.00
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

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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 Brailsford
Mailing Address: Ste 303, 801 N Tustin Ave
City: Santa Ana | State: CA | Zip Code: 92705-3601
FEC 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: 02 10 2004
Transaction ID: 0211200419C44336
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): Gary Cowan
Mailing Address: Ste 320D, 1350 S Main St
City: Fort Worth | State: TX | Zip Code: 76104-7669
FEC 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: 02 10 2004
Transaction ID: 0211200419C44337
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): John Daglanis
Mailing Address: 5 Coliseum Avenue
City: Nashua | State: NH | Zip Code: 03063-
FEC 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: 02 10 2004
Transaction ID: 0211200419C44348
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): Steven Dell
Mailing Address: 1700 S Mopac
City: Austin | State: TX | Zip Code: 78746-7572
FEC 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: 02 10 2004
Transaction ID: 0211200419C44332
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Patrick Dennis, JR
Mailing Address: 116-B Ashley Avenue
City: Charleston | State: SC | Zip Code: 29401-
FEC 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: 02 25 2004
Transaction ID: 0315200419C44366
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Ronald Foltz
Mailing Address: 1000 Fowler Way Ste 2
City: Placerville | State: CA | Zip Code: 95667-
FEC 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: 02 25 2004
Transaction ID: 0315200419C44371
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) ..... ▶

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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 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: 500.00
Date of Receipt: 02 10 2004
Transaction ID: 0211200419C44350
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): Erich Bryan Gross, JR
Mailing Address: Comea Consultants of Nashville, 2011 Murphy Ave Ste 802
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: 250.00
Date of Receipt: 02 10 2004
Transaction ID: 0211200419C44339
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: 500.00
Date of Receipt: 02 10 2004
Transaction ID: 0211200419C44349
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)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Gary Hirshfield
Mailing Address: Ste 102, 4231 Golden St
City: Flushing State: NY Zip Code: 11355-3981
FEC 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: 02 10 2004
Transaction ID: 0211200419C44331
Amount of Each Receipt this Period: 350.00
Receipt

B.
Full Name (Last, First, Middle Initial): Mark Hughes
Mailing Address: Ste 600, 50 Stanford St
City: Boston State: MA Zip Code: 02114-2506
FEC 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: 02 10 2004
Transaction ID: 0211200419C44343
Amount of Each Receipt this Period: 1250.00
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: 1250.00
Date of Receipt: 02 10 2004
Transaction ID: 0211200419C44351
Amount of Each Receipt this Period: 625.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2225.00

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)
J Alberto Martinez
Mailing Address 841 D Rockledge Dr #610
City: Bethesda State: MD Zip Code: 20817-
FEC 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: 02 25 2004
Transaction ID: 0315200419C44374
Amount of Each Receipt this Period: 250.00
Receipt

B.
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: 250.00

Date of Receipt: 02 10 2004
Transaction ID: 0211200419C44340
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
David Peo
Mailing Address 101 B St Rd Ste 201
City: Southampton State: PA Zip Code: 18966-
FEC 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: 02 10 2004
Transaction ID: 0211200419C44323
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1500.00

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): Ralph Sando
Mailing Address: 100 Church Rd, Ste 100
City: Ardmore | State: PA | Zip Code: 19003-
FEC 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: 02 10 2004
Transaction ID: 0211200419C44333
Amount of Each Receipt this Period: 250.00
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: 2500.00
Date of Receipt: 02 10 2004
Transaction ID: 0211200419C44344
Amount of Each Receipt this Period: 1250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Shannon Lea 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: 250.00
Date of Receipt: 02 10 2004
Transaction ID: 0211200419C44341
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)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial)
Roger Steinert
Mailing Address Ophthalmic Consultants of Boston
50 Staniford St Ste 600
City: Boston State: MA Zip Code: 02114-
FEC 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: 02 10 2004
Transaction ID: 0211200419C44345
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Lyle Thorslenson
Mailing Address P.O. Box 632020
City: Nacogdoches State: TX Zip Code: 75963-2020
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: 250.00
Date of Receipt: 02 10 2004
Transaction ID: 0211200419C44342
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
John Anderson Wells, III
Mailing Address 2750 Laurel St Ste 101
City: Columbia State: SC Zip Code: 29204-
FEC 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: 02 10 2004
Transaction ID: 0211200419C44326
Amount of Each Receipt this Period: 1000.00
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

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FOR LINE NUMBER: PAGE 14 / 38
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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)
Carol Ziel

Mailing Address McKinley & Ziel Ophthalmology
2025 Frontis Plaza Blvd Ste 100

City: Winston-Salem
State: NC
Zip Code: 27103-

FEC 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
02 10 2004

Transaction ID: 0211200419C44347

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 250.00

TOTAL This Period (last page this line number only) ..... ▶ 11840.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 38
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

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

Mailing Address PO Box 24512

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

FEC ID number of contributing federal political committee: C

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
105.60

Date of Receipt
02 28 2004

Transaction ID: 0315200419C44398

Amount of Each Receipt this Period
50.99

Other Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 50.99

TOTAL This Period (last page this line number only) ..... ▶ 50.99

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 2/04

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D3152D0421E3679
Date of Disbursement
02 / 29 / 2004

Amount of Each Disbursement this Period
466.59

UB CKING ACCT EXP 2/04

SUBTOTAL of Disbursements This Page (optional) ▶	466.59
TOTAL This Period (last page this line number only) ▶	466.59

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): Becerra For Congress
Mailing Address: PO Box 261060
City: Los Angeles | State: CA | Zip Code: 90026-0878
Purpose of Disbursement: HOUSE CA-31 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President — State: District
Disbursement For: 2004 — X Primary / General / Other (specify)
Transaction ID: D2112D0419E3584
Date of Disbursement: 02 / 02 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE CA-31 PRIMARY

B.
Full Name (Last, First, Middle Initial): Chris Bell U.S. Congress Committee
Mailing Address: 6524 San Felipe PMB 441
City: Houston | State: TX | Zip Code: 77057-
Purpose of Disbursement: HOUSE TX-25 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President — State: District
Disbursement For: 2004 — X Primary / General / Other (specify)
Transaction ID: 0315200421E3634
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE TX-25 PRIMARY

C.
Full Name (Last, First, Middle Initial): Berkley For Congress
Mailing Address: 3089 Conquista Ct
City: Las Vegas | State: NV | Zip Code: 89121-3866
Purpose of Disbursement: HOUSE NV-1 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President — State: District
Disbursement For: 2004 — X Primary / General / Other (specify)
Transaction ID: 0315200421E3629
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE NV-1 PRIMARY

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): Mike Bilirakis For Congress
Mailing Address: PO Box 1077
City: Tarpon Springs | State: FL | Zip Code: 34688-1077
Purpose of Disbursement: HOUSE FL-9 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D3152D0421E3626
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE FL-9 PRIMARY

B.
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: VOIDED, ORIG RPTD 8/03
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D3152D0421E3656
Date of Disbursement: 02 / 10 / 2004
Amount of Each Disbursement this Period: -2500.00
VOIDED, ORIG RPTD 8/03

C.
Full Name (Last, First, Middle Initial): Jo Bonner For Congress Committee
Mailing Address: PO Box 851232
City: Mobile | State: AL | Zip Code: 36685-1232
Purpose of Disbursement: HOUSE AL-1 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 0217200435E3596
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE AL-1 PRIMARY

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 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 Corrine Brown
Mailing Address: 3109 River Bend Ct D-102
City: Laurel State: MD Zip Code: 20724-2956
Purpose of Disbursement: HOUSE FL-3 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D2172D0435E3599
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE FL-3 PRIMARY

B.
Full Name (Last, First, Middle Initial): Ginny Brown-Waite
Mailing Address: 704 Ponce De Leon Blvd Brooksville
City: Brooksville State: FL Zip Code: 34601-1236
Purpose of Disbursement: VOIDED, ORIG RPTD 11/02
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: Primary General / X Other (specify) DEBT RETIREMENT
Transaction ID: D3152D0421E3651
Date of Disbursement: 02 / 10 / 2004
Amount of Each Disbursement this Period: -2500.00
VOIDED, ORIG RPTD 11/02

C.
Full Name (Last, First, Middle Initial): Ginny Brown-Waite
Mailing Address: 704 Ponce De Leon Blvd Brooksville
City: Brooksville State: FL Zip Code: 34601-1236
Purpose of Disbursement: HOUSE FL-5 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D2172D0435E3600
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE FL-5 PRIMARY

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 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): Cardoza For Congress
Mailing Address: 555 Capitol Mall, Suite 1425
City: Sacramento State: CA Zip Code: 95814-4504
Purpose of Disbursement: HOUSE CA-18 GENERAL
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D3152D0421E3636
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE CA-18 GENERAL

B.
Full Name (Last, First, Middle Initial): Cooper For Congress Committee
Mailing Address: c/o Robert A. Davidson, PO Box 927
City: Brentwood State: TN Zip Code: 37024-
Purpose of Disbursement: HOUSE TN-5 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D2112D0419E3592
Date of Disbursement: 02 / 02 / 2004
Amount of Each Disbursement this Period: 2000.00
HOUSE TN-5 PRIMARY

C.
Full Name (Last, First, Middle Initial): Philip Crane
Mailing Address: PO Box 8534
City: Rolling Meadows State: IL Zip Code: 60008-8534
Purpose of Disbursement: VOIDED, ORIG RPTD 5/03
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 0315200421E3653
Date of Disbursement: 02 / 10 / 2004
Amount of Each Disbursement this Period: -1000.00
VOIDED, ORIG RPTD 5/03

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

A. Full Name (Last, First, Middle Initial): Cubin For Congress Inc
Mailing Address: PO Box 4657
City: Casper | State: WY | Zip Code: 82604-0857
Purpose of Disbursement: HOUSE WY-1 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D2112D0419E3588
Date of Disbursement: 02 / 02 / 2004
Amount of Each Disbursement this Period: 2000.00
HOUSE WY-1 PRIMARY

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 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D2172D0435E3596
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE CA-53 PRIMARY

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: COMMITTEE CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 Primary / X General / Other (specify)
Transaction ID: D2172D0435E3616
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 5000.00
COMMITTEE CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8000.00**

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:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D2172D0435E3614
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 5000.00
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:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D2172D0435E3615
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 5000.00
COMMITTEE CONTRIBUTION

C.
Full Name (Last, First, Middle Initial): Diana Degette For Congress Inc
Mailing Address: 770 Grant St Suite 238
City: Denver | State: CO | Zip Code: 80203-3598
Purpose of Disbursement: VOIDED, ORIG RPTD 2/03
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 0315200421E3652
Date of Disbursement: 02 / 10 / 2004
Amount of Each Disbursement this Period: -1000.00
VOIDED, ORIG RPTD 2/03

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **9000.00**

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 Melissa Brown
Mailing Address: PO Box 498
City: Flourtown | State: PA | Zip Code: 19031-0498
Purpose of Disbursement: HOUSE PA-13 GENERAL
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D2172D0435E3612
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 5000.00
HOUSE PA-13 GENERAL

B.
Full Name (Last, First, Middle Initial): Gene Green Congressional Campaign
Mailing Address: PO Box 16128
City: Houston | State: TX | Zip Code: 77222-6128
Purpose of Disbursement: HOUSE TX-29 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D2112D0419E3586
Date of Disbursement: 02 / 02 / 2004
Amount of Each Disbursement this Period: 2000.00
HOUSE TX-29 PRIMARY

C.
Full Name (Last, First, Middle Initial): Gilchrest For Congress
Mailing Address: PO Box 644
City: Chestertown | State: MD | Zip Code: 21620-0644
Purpose of Disbursement: HOUSE MD-1 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D2172D0435E3601
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE MD-1 PRIMARY

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8000.00**

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): Gilchrest For Congress
Mailing Address: PO Box 644
City: Chestertown State: MD Zip Code: 21620-0844
Purpose of Disbursement: VOIDED. ORIG RPTD 2/9/04
Candidate Name
Category/Type
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D3152D0421E3676
Date of Disbursement: 02 / 10 / 2004
Amount of Each Disbursement this Period: -1000.00
VOIDED, ORIG RPTD 2/9/04

B.
Full Name (Last, First, Middle Initial): Gutierrez For Congress
Mailing Address: 2750 North Ashland Ave c/o Raul Vega
City: Chicago State: IL Zip Code: 60614-1106
Purpose of Disbursement: VOIDED, ORIG RPTD 12/03
Candidate Name
Category/Type
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D3152D0421E3661
Date of Disbursement: 02 / 10 / 2004
Amount of Each Disbursement this Period: -1000.00
VOIDED, ORIG RPTD 12/03

C.
Full Name (Last, First, Middle Initial): Gutierrez For Congress
Mailing Address: 2750 North Ashland Ave c/o Raul Vega
City: Chicago State: IL Zip Code: 60614-1106
Purpose of Disbursement: HOUSE IL-4 PRIMARY
Candidate Name
Category/Type
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D3152D0421E3628
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 2000.00
HOUSE IL-4 PRIMARY

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 0.00

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): Gutierrez For Congress
Mailing Address: 2750 North Ashland Ave c/o Raul Vega
City: Chicago State: IL Zip Code: 60614-1106
Purpose of Disbursement: VOIDED. ORIG RPTD 10/03
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D3152D0421E3658
Date of Disbursement: 02 / 10 / 2004
Amount of Each Disbursement this Period: -2000.00
VOIDED, ORIG RPTD 10/03

B.
Full Name (Last, First, Middle Initial): Hall For Congress Committee
Mailing Address: PO Box 711
City: Rockwall State: TX Zip Code: 75087-0711
Purpose of Disbursement: HOUSE TX-4 PRIMARY
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D2112D0419E3590
Date of Disbursement: 02 / 02 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE TX-4 PRIMARY

C.
Full Name (Last, First, Middle Initial): Hastert For Congress Committee
Mailing Address: PO Box 625
City: Batavia State: IL Zip Code: 60510-0625
Purpose of Disbursement: HOUSE IL-14 GENERAL
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D3152D0421E3639
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 5000.00
HOUSE IL-14 GENERAL

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

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): KOMPAC
Mailing Address: PO Box 20209
City: Alexandria State: VA Zip Code: 22320-1209
Purpose of Disbursement: LEADERSHIP PAC
Candidate Name:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 Primary X General Other (specify)
Category/Type: LEADERSHIP PAC
Transaction ID: D2172D0435E3613
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 5000.00

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 PRIMARY
Candidate Name:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Category/Type: HOUSE AZ-5 PRIMARY
Transaction ID: 0315200421E3624
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Friends of Congressman Tim Holden
Mailing Address: 18 N 2nd St, PO Box 37
City: Saint Clair State: PA Zip Code: 17970-1028
Purpose of Disbursement: VOIDED, ORIG RPTD 5/03
Candidate Name:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Category/Type: VOIDED, ORIG RPTD 5/03
Transaction ID: 0315200421E3654
Date of Disbursement: 02 / 10 / 2004
Amount of Each Disbursement this Period: -1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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): John Sullivan For Congress
Mailing Address: 6130 S Maplewood Suite B
City: Tulsa | State: OK | Zip Code: 74136-
Purpose of Disbursement: HOUSE OK-1 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President — State: District
Disbursement For: 2004 — X Primary / General / Other (specify)
Transaction ID: D3152D0421E3633
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 2000.00
HOUSE OK-1 PRIMARY

B.
Full Name (Last, First, Middle Initial): John Sullivan For Congress
Mailing Address: 6130 S Maplewood Suite B
City: Tulsa | State: OK | Zip Code: 74136-
Purpose of Disbursement: HOUSE OK-1 GENERAL
Candidate Name:
Category/Type:
Office Sought: House / Senate / President — State: District
Disbursement For: 2004 — Primary / X General / Other (specify)
Transaction ID: D3152D0421E3635
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 5000.00
HOUSE OK-1 GENERAL

C.
Full Name (Last, First, Middle Initial): John Sullivan For Congress
Mailing Address: 6130 S Maplewood Suite B
City: Tulsa | State: OK | Zip Code: 74136-
Purpose of Disbursement: VOIDED, ORIG RPTD 10/03
Candidate Name:
Category/Type:
Office Sought: House / Senate / President — State: District
Disbursement For: 2004 — X Primary / General / Other (specify)
Transaction ID: D3152D0421E3660
Date of Disbursement: 02 / 10 / 2004
Amount of Each Disbursement this Period: -2000.00
VOIDED, ORIG RPTD 10/03

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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): Patrick Kennedy
Mailing Address: PO Box 321
City: Pawtucket State: RI Zip Code: 02862-0321
Purpose of Disbursement: VOIDED. ORIG RPTD 10/03
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D3152D0421E3659
Date of Disbursement: 02 / 10 / 2004
Amount of Each Disbursement this Period: -1000.00
VOIDED, ORIG RPTD 10/03

B.
Full Name (Last, First, Middle Initial): Kerr for Congress
Mailing Address: PO Box 910988
City: Lexington State: KY Zip Code: 40501-0988
Purpose of Disbursement: HOUSE KY-6 SPECIAL ELECTION
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: Primary General / X Other (specify) SPECIAL
Transaction ID: D2172D0435E3611
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 2000.00
HOUSE KY-6 SPECIAL ELECTI-ON

C.
Full Name (Last, First, Middle Initial): Kind For Congress Committee
Mailing Address: 205 5th Avenue South Suite 428
City: La Crosse State: WI Zip Code: 54601-
Purpose of Disbursement: HOUSE WI-3 PRIMARY
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D2172D0435E3605
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 2000.00
HOUSE WI-3 PRIMARY

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): Barbara Lee for Congress
Mailing Address: 1798 Franklin St, Sutie 500
City: Oakland State: CA Zip Code: 94612-3423
Purpose of Disbursement: HOUSE CA-9 GENERAL
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D3152D0421E3635
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE CA-9 GENERAL

B.
Full Name (Last, First, Middle Initial): Lungren for Congress
Mailing Address: 8958 Ivanpah Court
City: Elk Grove State: CA Zip Code: 95624-
Purpose of Disbursement: HOUSE CA-3 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D2172D0435E3606
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 2500.00
HOUSE CA-3 PRIMARY

C.
Full Name (Last, First, Middle Initial): Kenny Marchant for Congress
Mailing Address: PO Box 110187
City: Carrollton State: TX Zip Code: 75011-0187
Purpose of Disbursement: HOUSE TX-24 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D2172D0435E3610
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 2500.00
HOUSE TX-24 PRIMARY

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): Friends of Carolyn Mccarthy
Mailing Address: 151 Linden Rd
City: Mineola | State: NY | Zip Code: 11501-1519
Purpose of Disbursement: HOUSE NY-4 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D3152D0421E3631
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 2000.00
HOUSE NY-4 PRIMARY

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 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D2172D0435E3608
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 2500.00
HOUSE TX-10 PRIMARY

C.
Full Name (Last, First, Middle Initial): Kevin Murphy for Congress
Mailing Address: PO Box 176096
City: Ft Mitchell | State: KY | Zip Code: 41017-8096
Purpose of Disbursement: HOUSE KY-4 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D2172D0435E3607
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 2000.00
HOUSE KY-4 PRIMARY

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6500.00**

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): Nadler For Congress Inc
Mailing Address: PO Box 40
City: New York | State: NY | Zip Code: 10014-0040
Purpose of Disbursement: HOUSE NY-8 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D3152D0421E3632
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE NY-8 PRIMARY

B.
Full Name (Last, First, Middle Initial): Napolitano For Congress
Mailing Address: 555 Capitol Mall, Suite 1425
City: Sacramento | State: CA | Zip Code: 05814-4504
Purpose of Disbursement: HOUSE CA-38 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D2172D0435E3597
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE CA-38 PRIMARY

C.
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: COMMITTEE CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D2172D0435E3619
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 5000.00
COMMITTEE CONTRIBUTION

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

A.
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:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 Primary X General Other (specify)
Transaction ID: D2172D0435E3618
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 5000.00
Category/Type: COMMITTEE CONTRIBUTION

B.
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 PRIMARY
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D2172D0435E3604
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE TX-19 PRIMARY

C.
Full Name (Last, First, Middle Initial): Pallone For Congress
Mailing Address: PO Box 3176
City: Long Branch State: NJ Zip Code: 07740-3176
Purpose of Disbursement: HOUSE NJ-6 PRIMARY
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D2172D0435E3602
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE NJ-6 PRIMARY

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
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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 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D3152D0421E3623
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE AZ-4 PRIMARY

B.
Full Name (Last, First, Middle Initial): Pete Sessions For Congress 2004
Mailing Address: PO Box 38585
City: Dallas | State: TX | Zip Code: 75238-0585
Purpose of Disbursement: HOUSE TX-32 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: D2112D0419E3593
Date of Disbursement: 02 / 02 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE TX-32 PRIMARY

C.
Full Name (Last, First, Middle Initial): Pete Stark Re-election Committee
Mailing Address: PO Box 8331
City: Fremont | State: CA | Zip Code: 94537-8331
Purpose of Disbursement: HOUSE CA-13 GENERAL
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 Primary / X General / Other (specify)
Transaction ID: D3152D0421E3637
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE CA-13 GENERAL

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
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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: D2172D0435E3617
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Rogers for Congress
Mailing Address: PO Box 581
City: Brighton | State: MI | Zip Code: 48116-
Purpose of Disbursement: HOUSE MI-8 PRIMARY
Candidate Name:
Category/Type: HOUSE MI-8 PRIMARY
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: D4122D0436E3712
Date of Disbursement: 02 / 02 / 2004
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): David Scott For Congress
Mailing Address: 162 Hurt St NE
City: Atlanta | State: GA | Zip Code: 30307-2538
Purpose of Disbursement: HOUSE GA-13 PRIMARY
Candidate Name:
Category/Type: HOUSE GA-13 PRIMARY
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 0315200421E3627
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8000.00**

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): Christopher Shays For Congress Committee
Mailing Address: 98 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: D3152D0421E3625
Date of Disbursement: 02 / 24 / 2004
Amount of Each Disbursement this Period: 1000.00
HOUSE CT-4

B.
Full Name (Last, First, Middle Initial): Snyder for Congress
Mailing Address: PO Box 23349
City: Waco State: TX Zip Code: 76702-3340
Purpose of Disbursement: HOUSE TX-17 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D2172D0435E3609
Date of Disbursement: 02 / 09 / 2004
Amount of Each Disbursement this Period: 5000.00
HOUSE TX-17 PRIMARY

C.
Full Name (Last, First, Middle Initial): Snyder For Congress Campaign Committee
Mailing Address: PO Box 250998
City: Little Rock State: AR Zip Code: 72225-0998
Purpose of Disbursement: HOUSE AR-2 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General / Other (specify)
Transaction ID: D211D0419E3585
Date of Disbursement: 02 / 02 / 2004
Amount of Each Disbursement this Period: 2500.00
HOUSE AR-2 PRIMARY

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)
Stupak For Congress

Mailing Address PO Box 156

City Menominee | State MI | Zip Code 49858-0156

Purpose of Disbursement
VOIDED. ORIG RPTD 8/03

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
X Primary / General / Other (specify)

Transaction ID: D3152D0421E3655
Date of Disbursement 02 / 10 / 2004

Amount of Each Disbursement this Period
-1000.00

VOIDED, ORIG RPTD 8/03

B.
Full Name (Last, First, Middle Initial)
Turner for Congress

Mailing Address 131 N. Ludlow Street
Suite 317

City Dayton | State OH | Zip Code 45402-

Purpose of Disbursement
HOUSE OH-3 GENERAL

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2004
Primary / X General / Other (specify)

Transaction ID: D3152D0421E3640
Date of Disbursement 02 / 24 / 2004

Amount of Each Disbursement this Period
1000.00

HOUSE OH-3 GENERAL

SUBTOTAL of Disbursements This Page (optional) ..... ▶	0.00
TOTAL This Period (last page this line number only) ..... ▶	92000.00

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)

☐ 21b	☐ 22	☐ 23	☐ 24	☐ 25	☐ 26
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)
A. Steven Bodine

Mailing Address Retina Consultations
915 Palmer Road

City: Bronxville
State: NY
Zip Code: 10708-

Purpose of Disbursement
Refund of Contribution erroneous cc char

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D3152D0421E3678
Date of Disbursement
02 / 10 / 2004

Amount of Each Disbursement this Period
750.00

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

TOTAL This Period (last page this line number only) ..... ▶ 750.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

FEC IDENTIFICATION NUMBER
C C00196246

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee
Todd & Castellanos Creative Group

Date
M M / D D / Y Y Y Y
02 20 2004

Mailing Address
815 Slaters Ln

Amount
27900.00

Transaction ID: 0223200440E3620

City: Alexandria
State: VA
Zip Code: 22314-1219

Office Sought: House Senate Presidential
State: _____
District: _____

Purpose of Expenditure
S H4TX 50 Radio ads

Category/Type 010

Name of Federal Candidate supported or Opposed by expenditure:

Check One: X Support Oppose

Disbursement For: X Primary General 2004
Other (specify) : _____

Calendar Year-To-Date Per Election for Office Sought 27900.00

(a) **SUBTOTAL** of Itemized Independent Expenditures **27900.00**

(b) **SUBTOTAL** of Unitemized Independent Expenditures **0.00**

(c) **TOTAL** Independent Expenditures **27900.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date M M D D Y Y Y Y