SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 22
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
Jon-Marc Weston

Mailing Address 2435 NW Kline St

City: Roseburg
State: OR
Zip Code: 97470-1690

FEC ID number of contributing federal political committee: C

Name of Employer: Weston Eye Center

Occupation: MD

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 15 2005

Transaction ID: 50405.C1520

Amount of Each Receipt this Period
1000.00

Receipt

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

TOTAL This Period (last page this line number only) ..... ▶ 17250.00