01/14/2004 13 : 23

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:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	X 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 10 01 2003 through 10 31 2003

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 01 06 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: 10 01 2003 To: 10 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2003		315692.39
(b) Cash on Hand at Begining of Reporting Period	345627.63	
(c) Total Receipts (from Line 19)	28146.59	309372.80
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	373774.22	625265.19
7. Total Disbursements (from Line 31)	22670.43	274161.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	351103.79	351103.79
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

Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 10 01 2003 To: 10 31 2003

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)	24987.15	
(ii) Unitemized	3102.93	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	28090.08	308673.21
(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) ..... ▶	28090.08	308673.21
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.)	56.51	699.59
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))	28146.59	309372.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	28146.59	309372.80

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	670.43	7211.40
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	670.43	7211.40
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	22000.00	264000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2950.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	2950.00
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))	22670.43	274161.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	22670.43	274161.40

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)	28090.08	308673.21
34. Total Contribution Refunds (from Line 28(d))	0.00	2950.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28090.08	305723.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	670.43	7211.40
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	670.43	7211.40

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 42
(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)
Belu Allam
Mailing Address 17202 Red Oak Dr Ste 312
City: Houston State: TX Zip Code: 77090-
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: 10 03 2003
Transaction ID: 1105200346C43495
Amount of Each Receipt this Period: 166.66
Receipt

B.
Full Name (Last, First, Middle Initial)
Balamurali Ambati
Mailing Address 268 Camelback Ct
City: Augusta State: GA Zip Code: 30907-9421
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: 10 03 2003
Transaction ID: 1105200346C43478
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Ray Belyeat
Mailing Address The Williams Medical Plaza
2000 S Wheeling Ave Ste 400
City: Tulsa State: OK Zip Code: 74104-5639
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: 10 03 2003
Transaction ID: 11052D0346C434B2
Amount of Each Receipt this Period: 91.25
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 507.93

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: (check only one) PAGE 7 / 42

[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): J Bronwyn Bateman
Mailing Address: Rocky Mountain Lions Eye Inst, Campus Box F-731, PO Box 6510
City: Aurora State: CO Zip Code: 80045-
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: 865.00
Date of Receipt: 10 03 2003
Transaction ID: 11052003460C43490
Amount of Each Receipt this Period: 91.25
Receipt

B. Full Name (Last, First, Middle Initial): Michael Belin
Mailing Address: 7 Old English Rd
City: Slingerlands State: NY Zip Code: 12159-9101
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: 10 03 2003
Transaction ID: 11052003460C43472
Amount of Each Receipt this Period: 125.00
Receipt

C. Full Name (Last, First, Middle Initial): Andrew Berman
Mailing Address: 9830 N Kenton Ave
City: Skokie State: IL Zip Code: 60076-
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: 243.30
Date of Receipt: 10 03 2003
Transaction ID: 11052003460C43477
Amount of Each Receipt this Period: 30.41
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 246.66

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 8 / 42
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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 Berry
Mailing Address: Ste 301, 9800 Lile Dr
City: Little Rock | State: AR | Zip Code: 72205-6230
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: 10 17 2003
Transaction ID: 1105200346C43565
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Michael Bloome
Mailing Address: Houston Eye Associates, 2855 Gramercy St
City: Houston | State: TX | Zip Code: 77025-
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: 375.00
Date of Receipt: 10 13 2003
Transaction ID: 1105200346C43549
Amount of Each Receipt this Period: 125.00
Receipt

C.
Full Name (Last, First, Middle Initial): Walter Bogart
Mailing Address: Ste 160, 110 E Medical Ln
City: West Columbia | State: SC | Zip Code: 29169-
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: 10 03 2003
Transaction ID: 11052D0346C435D5
Amount of Each Receipt this Period: 166.67
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 791.67

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 9 / 42
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Daniel Joseph Buckley
Mailing Address: 25 Buena Vista Ter
City: San Francisco State: CA Zip Code: 94117-
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: 10 24 2003
Transaction ID: 1105200346C43574
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Craig Cassidy
Mailing Address: 7465 E San Miguel
City: Scottsdale State: AZ Zip Code: 85250-
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: 10 03 2003
Transaction ID: 1105200346C43501
Amount of Each Receipt this Period: 187.50
Receipt

C.
Full Name (Last, First, Middle Initial): Cesar Chavez
Mailing Address: 477 North El Camino Real Ste C-200
City: Encinitas State: CA Zip Code: 92024-
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: 10 17 2003
Transaction ID: 1105200346C43567
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1687.50

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: (check only one) PAGE 10 / 42

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

A.
Full Name (Last, First, Middle Initial): Mary Louise Collins
Mailing Address: Gter Balt MC Pavillion W, 6569 N Charles St Ste 505
City: Baltimore State: MD Zip Code: 21204-5809
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: 375.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43476
Amount of Each Receipt this Period: 125.00
Receipt

B.
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: 10 03 2003
Transaction ID: 1105200346C43486
Amount of Each Receipt this Period: 125.00
Receipt

C.
Full Name (Last, First, Middle Initial): Omar Duker
Mailing Address: 1020 West Buena Vista Road
City: Evansville State: IN Zip Code: 47710-
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: 10 03 2003
Transaction ID: 11052D0346C434B4
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 375.00

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 11 / 42
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): William Ehlers
Mailing Address: 125 Secret Lake Rd
City: Avon | State: CT | Zip Code: 06001-
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: 10 03 2003
Transaction ID: 1105200346C43475
Amount of Each Receipt this Period: 125.00
Receipt

B.
Full Name (Last, First, Middle Initial): Lawrence Ehrlich
Mailing Address: Koch Eye Assoc, 588 Tollgate Rd
City: Warwick | State: RI | Zip Code: 02886-
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: 10 03 2003
Transaction ID: 1105200346C43507
Amount of Each Receipt this Period: 121.67
Receipt

C.
Full Name (Last, First, Middle Initial): Andrew Ferber
Mailing Address: 5015 South US Highway 41
City: Terre Haute | State: IN | Zip Code: 47802-
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: 10 13 2003
Transaction ID: 11052D0346C43541
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1246.67**

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 12 / 42
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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 Flexel
Mailing Address: Bay Eye Clinic, 3585 Broadway
City: North Bend | State: OR | Zip Code: 97459-
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: 10 03 2003
Transaction ID: 1105200346C43515
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): Jerry Ford
Mailing Address: Eye Associates of Tallahassee, 2819 Capital Medical Blvd
City: Tallahassee | State: FL | Zip Code: 32308-
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: 10 24 2003
Transaction ID: 1105200346C43569
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): C Stephen Foster
Mailing Address: Mass Eye & Ear Infirmary, 243 Charles St
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: 1000.00
Date of Receipt: 10 17 2003
Transaction ID: 1105200346C43564
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1615.00

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: (check only one) PAGE 13 / 42

[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): S Samuel Gelbert
Mailing Address: 490 Post St Ste 640
City: San Francisco State: CA Zip Code: 94102-
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: 10 03 2003
Transaction ID: 1105200346C43462
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): M Douglas Gossman
Mailing Address: Ste 700, 2302 Hurstbourne Village Dr
City: Louisville State: KY Zip Code: 40299-1878
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: 10 17 2003
Transaction ID: 1105200346C43556
Amount of Each Receipt this Period: 500.00
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: 1500.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43450
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

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

FOR LINE NUMBER: (check only one) PAGE 14 / 42

[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 Haley
Mailing Address: Garland Ophthalmology Center, 1626 Forest Ln Ste B
City: Garland State: TX Zip Code: 75042-7907
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: 1750.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43467
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): Cynthia Hampton
Mailing Address: 451 Ruin Creek Rd, Ste 2D4
City: Henderson State: NC Zip Code: 27536-
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: 1273.75
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43471
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Cynthia Hampton
Mailing Address: 451 Ruin Creek Rd, Ste 2D4
City: Henderson State: NC Zip Code: 27536-
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: 1365.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43453
Amount of Each Receipt this Period: 91.25
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 591.25

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): K Dwight Hendricks
Mailing Address: 891 B Parallel Pky, Ste 226
City: Kansas City | State: KS | Zip Code: 66112-
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: 10 03 2003
Transaction ID: 1105200346C43510
Amount of Each Receipt this Period: 125.00
Receipt

B.
Full Name (Last, First, Middle Initial): Stephen Higgins
Mailing Address: Kalamazoo Ophthalmology PC, 3412 W Centre St
City: Portage | State: MI | Zip Code: 49024-
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: 10 03 2003
Transaction ID: 1105200346C43493
Amount of Each Receipt this Period: 125.00
Receipt

C.
Full Name (Last, First, Middle Initial): William Holcomb
Mailing Address: 1890 Alabama Hwy 157, Ste 410
City: Cullman | State: AL | Zip Code: 35058-
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: 385.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43459
Amount of Each Receipt this Period: 91.25
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **341.25**

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: (check only one) PAGE 16 / 42

[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 Bryan Holds
Mailing Address: Ste 266, 450 N New Ballas Rd
City: St Louis State: MO Zip Code: 63141-6836
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: 10 03 2003
Transaction ID: 1105200346C43480
Amount of Each Receipt this Period: 91.25
Receipt

B.
Full Name (Last, First, Middle Initial): H Dunbar Hoskins
Mailing Address: 655 Beach St
City: San Francisco State: CA Zip Code: 94109-1342
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: 10 03 2003
Transaction ID: 1105200346C43447
Amount of Each Receipt this Period: 1000.00
Receipt

C.
Full Name (Last, First, Middle Initial): David Hunt
Mailing Address: Ste 301, 331 Laidley St
City: Charleston State: WV Zip Code: 25301-1805
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: 10 24 2003
Transaction ID: 11052D0346C43573
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1591.25**

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 17 / 42
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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): Gordon Johns
Mailing Address: Pacific Cataract & Laser Inst, 2517 NE Kresky Road
City: Chehalis State: WA Zip Code: 98531-2433
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: 400.00
Date of Receipt: 10 17 2003
Transaction ID: 1105200346C43553
Amount of Each Receipt this Period: 400.00
Receipt

B.
Full Name (Last, First, Middle Initial): Tim Johnson
Mailing Address: 7777 Hennessy Boulevard Ste 5000
City: Baton Rouge State: LA Zip Code: 70809-
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: 400.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43469
Amount of Each Receipt this Period: 133.34
Receipt

C.
Full Name (Last, First, Middle Initial): Leslie Jones
Mailing Address: 5803 Summers Grove Rd
City: Alexandria State: VA Zip Code: 22304-
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: 10 03 2003
Transaction ID: 1105200346C43474
Amount of Each Receipt this Period: 91.25
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 624.59

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: (check only one) PAGE 18 / 42

[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): Emilio Justo
Mailing Address: 19052 N R H Johnson Blvd
City: Sun City West | State: AZ | Zip Code: 85375-4401
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: 575.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43488
Amount of Each Receipt this Period: 125.00
Receipt

B.
Full Name (Last, First, Middle Initial): Eric Kanter
Mailing Address: 349 E Northfield Rd
City: Livingston | State: NJ | Zip Code: 07039-
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: 10 17 2003
Transaction ID: 1105200346C43561
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Christopher Knight
Mailing Address: 67 EMS C286
City: Warsaw | State: IN | Zip Code: 46582-
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: 10 07 2003
Transaction ID: 1105200346C43516
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 925.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 19 / 42
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Scott Lanoux
Mailing Address: Napoleon Med Ctr Ste 520, 2820 Napoleon Ave
City: New Orleans State: LA Zip Code: 70115-
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: 10 13 2003
Transaction ID: 1105200346C43550
Amount of Each Receipt this Period: 300.00
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: 1000.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43464
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Paul Lee
Mailing Address: Duke Eye Center, Box 3802 Erwin Rd
City: Durham State: NC Zip Code: 27710-
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: 10 03 2003
Transaction ID: 1105200346C43469
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 800.00

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 / 42
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Celeste Luke
Mailing Address: PO Box 75
City: Marksville | State: LA | Zip Code: 71351-0075
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: 10 03 2003
Transaction ID: 1105200346C43496
Amount of Each Receipt this Period: 83.34
Receipt

B.
Full Name (Last, First, Middle Initial): Rudy Manthai
Mailing Address: 2598 Windmill Pkwy
City: Henderson | State: NV | Zip Code: 89014-5357
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: 10 03 2003
Transaction ID: 1105200346C43479
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Mark Christophe Maria
Mailing Address: 150 Quail Lane
City: Lebanon | State: PA | Zip Code: 17042-9403
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: 10 03 2003
Transaction ID: 1105200346C43470
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 583.34

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): Malcolm Mazow
Mailing Address: 2855 Gramercy
City: Houston | State: TX | Zip Code: 77025-
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: 10 03 2003
Transaction ID: 1105200346C43461
Amount of Each Receipt this Period: 125.00
Receipt

B.
Full Name (Last, First, Middle Initial): Charles McCormick
Mailing Address: 30 North Emerson
City: Greenwood | State: IN | Zip Code: 46143-
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: 10 24 2003
Transaction ID: 1105200346C43570
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): Anne Elizabeth Miller
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: 500.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43483
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 615.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 22 / 42
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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): Michael Miller
Mailing Address: 2480 S Downing St #100
City: Denver | State: CO | Zip Code: 80210-
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: 10 03 2003
Transaction ID: 1105200346C43468
Amount of Each Receipt this Period: 125.00
Receipt

B.
Full Name (Last, First, Middle Initial): Edward Mintz
Mailing Address: Columbia Eye Clinic, 100 Palmetto Park Blvd
City: Lexington | State: SC | Zip Code: 29072-
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: 10 03 2003
Transaction ID: 1105200346C43498
Amount of Each Receipt this Period: 166.68
Receipt

C.
Full Name (Last, First, Middle Initial): Kenneth Misalis
Mailing Address: 445 West Poplar
City: Stockton | State: CA | Zip Code: 95203-2428
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: 10 03 2003
Transaction ID: 1105200346C43509
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 791.68

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): David Morimoto
Mailing Address: PO Box 2937, 219 N Hammes Ave
City: Joliet State: IL Zip Code: 60434-2937
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: 10 13 2003
Transaction ID: 1105200346C43534
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Anthony Musto
Mailing Address: Eye Surgery Associates, LLC, 3060 Main St #1D1
City: Stratford State: CT Zip Code: 06614-
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: 10 03 2003
Transaction ID: 1105200346C43506
Amount of Each Receipt this Period: 166.67
Receipt

C.
Full Name (Last, First, Middle Initial): Emanuel Newmark
Mailing Address: 1920 Palm Beach Lakes Blvd Ste 215
City: West Palm Beach State: FL Zip Code: 33409-
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: 10 17 2003
Transaction ID: 1105200346C43554
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1031.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 24 / 42
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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): Thomas Nicklas
Mailing Address: PO Box 1290
City: Jay | State: OK | Zip Code: 74346-
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: 10 07 2003
Transaction ID: 1105200346C43519
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial): S Richard Ombres
Mailing Address: 1000 N Olive Ave
City: West Palm Beach | State: FL | Zip Code: 33401-
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: 10 03 2003
Transaction ID: 1105200346C43508
Amount of Each Receipt this Period: 333.34
Receipt

C.
Full Name (Last, First, Middle Initial): Gregory Panzo
Mailing Address: 2037 Crooked Lake Estates Ln
City: Eustis | State: FL | Zip Code: 32726-5721
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: 2000.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43500
Amount of Each Receipt this Period: 750.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1448.34

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 25 / 42
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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): David Parke
Mailing Address: Dean A McGee Eye Inst, 608 Stanton L Young Blvd
City: Oklahoma City | State: OK | Zip Code: 73104-5014
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: 10 03 2003
Transaction ID: 1105200346C43466
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): Stephen Pascucci
Mailing Address: 200 Mifflin Avenue
City: Scranton | State: PA | Zip Code: 18503-
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: 10 03 2003
Transaction ID: 1105200346C43511
Amount of Each Receipt this Period: 125.00
Receipt

C.
Full Name (Last, First, Middle Initial): Syamala H Reddy
Mailing Address: Ste 3A, 200 Medical Center Dr
City: Hazard | State: KY | Zip Code: 41701-9478
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: 10 13 2003
Transaction ID: 1105200346C43543
Amount of Each Receipt this Period: 365.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one) PAGE 26 / 42

[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): James Rank
Mailing Address: 5511 E 89th Ct
City: Tulsa State: OK Zip Code: 74137-
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: 10 07 2003
Transaction ID: 1105200346C43520
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial): Kenneth Rosenthal
Mailing Address: Ste 102, 310 East Shore Rd
City: Great Neck State: NY Zip Code: 11023-
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: 10 03 2003
Transaction ID: 1105200346C43513
Amount of Each Receipt this Period: 125.00
Receipt

C.
Full Name (Last, First, Middle Initial): Ronald Sachs
Mailing Address: Ste 201, 8 Saddle Rd
City: Cedar Knolls State: NJ Zip Code: 07927-1501
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: 10 24 2003
Transaction ID: 1105200346C43577
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1625.00

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

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

FOR LINE NUMBER: PAGE 27 / 42
(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): 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: 365.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43504
Amount of Each Receipt this Period: 121.67
Receipt

B.
Full Name (Last, First, Middle Initial): William Shechman
Mailing Address: 1725 E Prospect Rd
City: Fort Collins | State: CO | Zip Code: 80525-1307
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: 10 17 2003
Transaction ID: 1105200346C43559
Amount of Each Receipt this Period: 1000.00
Receipt

C.
Full Name (Last, First, Middle Initial): Richard Sherry
Mailing Address: Ste 234, 2500 Grubb Rd
City: Wilmington | State: DE | Zip Code: 19810-4758
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: 273.75
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43448
Amount of Each Receipt this Period: 91.25
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1212.92**

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): Robert Shields
Mailing Address: Ste 115, 850 E Harvard Ave
City: Denver State: CO Zip Code: 80210-5074
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: 565.00
Date of Receipt: 10 07 2003
Transaction ID: 1105200346C43521
Amount of Each Receipt this Period: 200.00
Receipt

B. Full Name (Last, First, Middle Initial): David Shulman
Mailing Address: 999 East Basse Suite #127
City: San Antonio State: TX Zip Code: 78209-
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: 10 03 2003
Transaction ID: 1105200346C43465
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial): David Sibert
Mailing Address: Family Eye Group, 2110 Harrisburg Pike
City: Lancaster State: PA Zip Code: 17601-
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: 10 03 2003
Transaction ID: 1105200346C43460
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 575.00

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: (check only one) PAGE 29 / 42

[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): Harris Silverman
Mailing Address: 8002 Pointe West Blvd
City: Bradenton State: FL Zip Code: 34209-5531
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: 10 13 2003
Transaction ID: 1105200346C43533
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Kevin Smith
Mailing Address: 408 S Main St
City: Greenville State: PA Zip Code: 16125-1773
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: 10 13 2003
Transaction ID: 1105200346C43531
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): James Sprague
Mailing Address: 1515 Chain Bridge Rd #G-20
City: McLean State: VA Zip Code: 22101-
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: 1500.00
Date of Receipt: 10 13 2003
Transaction ID: 1105200346C43546
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

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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)
Mitchell Brian Stein
Mailing Address 89 S Moger Ave
City: Mount Kisco State: NY Zip Code: 10549-2217
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: 10 03 2003
Transaction ID: 1105200346C43497
Amount of Each Receipt this Period: 166.66
Receipt

B.
Full Name (Last, First, Middle Initial)
Michael Steiner
Mailing Address 8015 SE 28th St
City: Mercer Island State: WA Zip Code: 98040-2910
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: 10 03 2003
Transaction ID: 1105200346C43449
Amount of Each Receipt this Period: 125.00
Receipt

C.
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: 1000.00
Date of Receipt: 10 03 2003
Transaction ID: 11052D0346C43454
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 541.66

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 31 / 42
(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): Charles Sung
Mailing Address: Retina Laser Eye Ctr, 7525 W Deschutes Pl Ste 1
City: Kennewick State: WA Zip Code: 99336-
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: 375.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43485
Amount of Each Receipt this Period: 125.00
Receipt

B.
Full Name (Last, First, Middle Initial): Jerome Swale
Mailing Address: 284 Fox Trail
City: Bourbonnais State: IL Zip Code: 60914-1735
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: 10 24 2003
Transaction ID: 1105200346C43572
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): James Tammaro
Mailing Address: 151 Riviera Dr
City: Lake Havasu City State: AZ Zip Code: 86403-
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: 10 03 2003
Transaction ID: 11052D0346C434B9
Amount of Each Receipt this Period: 125.00
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

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

FOR LINE NUMBER: PAGE 32 / 42
(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)
Randall Tozer
Mailing Address 7301 E 2nd St Ste 200
City: Scottsdale State: AZ Zip Code: 85251-
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: 10 03 2003
Transaction ID: 1105200346C43487
Amount of Each Receipt this Period: 125.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Gregory Trubowitsch
Mailing Address 741 Los Miradores Dr
City: El Paso State: TX Zip Code: 79912-
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: 875.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43452
Amount of Each Receipt this Period: 125.00
Receipt

C.
Full Name (Last, First, Middle Initial)
W Lee Wan
Mailing Address 1700 N Rose Ave Ste 200
City: Oxnard State: CA Zip Code: 93030-
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: 10 03 2003
Transaction ID: 1105200346C43503
Amount of Each Receipt this Period: 187.50
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 437.50

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): Keith Warren
Mailing Address: KUMC Dept of Ophthalmology, 3901 Rainbow Blvd
City: Kansas City | State: KS | Zip Code: 66160-7379
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: 10 03 2003
Transaction ID: 1105200346C43481
Amount of Each Receipt this Period: 125.00
Receipt

B.
Full Name (Last, First, Middle Initial): Aaron Weingeist
Mailing Address: 3934 S Americus St
City: Seattle | State: WA | Zip Code: 98118-
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: 375.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43457
Amount of Each Receipt this Period: 125.00
Receipt

C.
Full Name (Last, First, Middle Initial): Tay Weinman
Mailing Address: 571 W 7th St
City: San Pedro | State: CA | Zip Code: 90731-3115
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: 400.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43455
Amount of Each Receipt this Period: 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 350.00

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 34 / 42
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Thomas Whitaker
Mailing Address: 900 Med Cir
City: Myrtle Beach | State: SC | Zip Code: 29572-4114
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: 2000.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43482
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): Martyn Wills
Mailing Address: 211 North Eddy St
City: South Bend | State: IN | Zip Code: 46617-
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: 10 13 2003
Transaction ID: 1105200346C43544
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Jamie Zucker
Mailing Address: Canton Ophthalmology Assoc
2600 W Tuscarawas St Ste 200
City: Canton | State: OH | Zip Code: 44708-
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: 385.00
Date of Receipt: 10 03 2003
Transaction ID: 1105200346C43456
Amount of Each Receipt this Period: 91.25
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **841.25**

TOTAL This Period (last page this line number only) ..... ▶ **24987.15**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 42
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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 ▼
699.59

Date of Receipt
10 31 2003

Transaction ID: 1105200346C43610

Amount of Each Receipt this Period
56.51

Other Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶	56.51
TOTAL This Period (last page this line number only) ..... ▶	56.51

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)

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

Mailing Address PO Box 24512

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

Purpose of Disbursement
UB CKING ACCT EXP 10/03

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 11052D0347E3531
Date of Disbursement: 10 / 31 / 2003

Amount of Each Disbursement this Period: 670.43

UB CKING ACCT EXP 10/03

SUBTOTAL of Disbursements This Page (optional) ▶	670.43
TOTAL This Period (last page this line number only) ▶	670.43

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): Bass Victory Committee
Mailing Address: PO Box 3451
City: Concord | State: NH | Zip Code: 03902-
Purpose of Disbursement: HOUSE NH-2 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 1105200347E3524
Date of Disbursement: 10 / 23 / 2003
Amount of Each Disbursement this Period: 1000.00
HOUSE NH-2 PRIMARY

B.
Full Name (Last, First, Middle Initial): Ben Cardin For Congress
Mailing Address: 100 E Pratt St, 26th Floor
City: Baltimore | State: MD | Zip Code: 21202-1008
Purpose of Disbursement: HOUSE MD-3 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 1105200347E3515
Date of Disbursement: 10 / 09 / 2003
Amount of Each Disbursement this Period: 1000.00
HOUSE MD-3 PRIMARY

C.
Full Name (Last, First, Middle Initial): Ciro D Rodriguez For Congress
Mailing Address: PO Box 14528
City: San Antonio | State: TX | Zip Code: 78214-0528
Purpose of Disbursement: HOUSE TX-28 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 1105200347E3521
Date of Disbursement: 10 / 09 / 2003
Amount of Each Disbursement this Period: 1000.00
HOUSE TX-28 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

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21b	22	X 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): Ciro D Rodriguez For Congress
Mailing Address: PO Box 14528
City: San Antonio | State: TX | Zip Code: 78214-0528
Purpose of Disbursement: HOUSE TX-28 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 1105200347E3523
Date of Disbursement: 10 / 23 / 2003
Amount of Each Disbursement this Period: 1000.00
HOUSE TX-28 PRIMARY

B.
Full Name (Last, First, Middle Initial): Congressman Waxman Cmpgn Comm
Mailing Address: 8665 Wilshire Blvd, #220
City: Beverly Hills | State: CA | Zip Code: 90211-2034
Purpose of Disbursement: HOUSE CA-30
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 1105200347E3530
Date of Disbursement: 10 / 23 / 2003
Amount of Each Disbursement this Period: 1000.00
HOUSE CA-30

C.
Full Name (Last, First, Middle Initial): Fattah For Congress
Mailing Address: 3900 Ford Road Suite 12-0
City: Philadelphia | State: PA | Zip Code: 19131-
Purpose of Disbursement: HOUSE PA-2 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 1105200347E3516
Date of Disbursement: 10 / 09 / 2003
Amount of Each Disbursement this Period: 1000.00
HOUSE PA-2 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): Friends of Patrick J Kennedy Inc
Mailing Address: PO Box 321
City: Pawtucket State: RI Zip Code: 02862-0321
Purpose of Disbursement: HOUSE RI-1 PRIMARY
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: 1105200347E3520
Date of Disbursement: 10 / 09 / 2003
Amount of Each Disbursement this Period: 1000.00
HOUSE RI-1 PRIMARY

B.
Full Name (Last, First, Middle Initial): Gingrey For Congress
Mailing Address: PO Box U
City: Marietta State: GA Zip Code: 30060-
Purpose of Disbursement: HOUSE GA-11
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: 1105200347E3528
Date of Disbursement: 10 / 23 / 2003
Amount of Each Disbursement this Period: 2000.00
HOUSE GA-11

C.
Full Name (Last, First, Middle Initial): Goode For Congress
Mailing Address: 235 S Main St
City: Rocky Mount State: VA Zip Code: 24151-1708
Purpose of Disbursement: HOUSE VA-5
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary / General / Other (specify)
Transaction ID: 1105200347E3522
Date of Disbursement: 10 / 09 / 2003
Amount of Each Disbursement this Period: 2000.00
HOUSE VA-5

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): Gutierrez For Congress
Mailing Address: c/o Raul Vega, 2750 North Ashland Ave
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: 1105200347E3519
Date of Disbursement: 10 / 09 / 2003
Amount of Each Disbursement this Period: 2000.00
HOUSE IL-4 PRIMARY

B.
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 PRIMARY
Candidate Name
Category/Type
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 1105200347E3517
Date of Disbursement: 10 / 09 / 2003
Amount of Each Disbursement this Period: 3000.00
HOUSE IL-14 PRIMARY

C.
Full Name (Last, First, Middle Initial): Hulshof For Congress
Mailing Address: PO Box 1621
City: Columbia State: MO Zip Code: 65205-1621
Purpose of Disbursement: HOUSE MO-9 PRIMARY
Candidate Name
Category/Type
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 1105200347E3525
Date of Disbursement: 10 / 23 / 2003
Amount of Each Disbursement this Period: 1000.00
HOUSE MO-9 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): 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:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 1105200347E3526
Date of Disbursement: 10 / 23 / 2003
Amount of Each Disbursement this Period: 2000.00
Category/Type: HOUSE OK-1 PRIMARY

B.
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: 1105200347E3527
Date of Disbursement: 10 / 23 / 2003
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE NJ-6 PRIMARY

C.
Full Name (Last, First, Middle Initial): Voinovich for Senate Committee
Mailing Address: 885 Macon Alley
City: Columbus State: OH Zip Code: 43206-2652
Purpose of Disbursement: SENATE-OH PRIMARY
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2004 X Primary General Other (specify)
Transaction ID: 1105200347E3518
Date of Disbursement: 10 / 09 / 2003
Amount of Each Disbursement this Period: 1000.00
Category/Type: SENATE-OH PRIMARY

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)
Walden For Congress, Inc

Transaction ID: 11052D0347E3529
Date of Disbursement
10 / 23 / 2003

Mailing Address PO Box 1091

City: Hood River
State: OR
Zip Code: 97031-0037

Amount of Each Disbursement this Period
1000.00

Purpose of Disbursement
HOUSE OR-2 PRIMARY

Candidate Name

Category/Type
HOUSE OR-2 PRIMARY

Office Sought: House / Senate / President
State: District

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

SUBTOTAL of Disbursements This Page (optional) ..... ▶	1000.00
TOTAL This Period (last page this line number only) ..... ▶	22000.00