

**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
 eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

ADDRESS (number and street) **4000 Legato Road**
Suite 850
 Check if different than previously reported. (ACC) **Fairfax VA 22033-4003**

2. **FEC IDENTIFICATION NUMBER** **C00171504** **CITY** **STATE** **ZIP CODE**
 3. **IS THIS REPORT** **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
 (b) Monthly Report Due On:
 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 (M13)
 (c) 12-Day **PRE**Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 Election on _____ in the State of _____
 (d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)
 Election on _____ in the State of _____

5. Covering Period 04 01 2003 through 06 30 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 **Bernard J Delario**
 Signature of Treasurer Electronically Filed by Bernard J Delario Date **07 08 2003**

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

Report Covering the Period: From: 04 01 2003 To: 06 30 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2003		72026.70
(b) Cash on Hand at Beginning of Reporting Period	93133.67	
(c) Total Receipts (from Line 19)	30947.77	56662.04
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	124081.44	128688.74
7. Total Disbursements (from Line 30)	33056.36	37663.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	91025.08	91025.08
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 (Revised 1/2001)

Page 3

Write or Type Committee Name

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

Report Covering the Period: From: ^{MM}04 ^{DD}01 ^{YYYY}2003 To: ^{MM}06 ^{DD}30 ^{YYYY}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)	27550.00	
(ii) Unitemized	3175.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	30725.00	56325.00
(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 32, page 4)	30725.00	56325.00
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 36, page 4)	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.)	222.77	337.04
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	30947.77	56662.04
20. Total Federal Receipts (subtract Line 18 from Line 19)	30947.77	56662.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

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.....	1556.36	1663.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1556.36	1663.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	36000.00
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	0.00
(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	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	33056.36	37663.66
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	33056.36	37663.66
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	30725.00	56325.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	30725.00	56325.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	1556.36	1663.66
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	1556.36	1663.66

**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 5 / 37	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

A. Full Name (Last, First, Middle Initial)
Dr. Wayne Barber, M.D.

Mailing Address
295 Stoner Avenue, #201

City State Zip Code
Westminster MD 21157

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Mohr & Barber, M.P., P.A. MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: R1960

B. Full Name (Last, First, Middle Initial)
Dr. Ronald M. Burke, M.D.

Mailing Address
3025 Matlock Rd.

City State Zip Code
Arlington TX 76015

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: R1928

C. Full Name (Last, First, Middle Initial)
Dr. D. A. Benedetto, M.D.

Mailing Address
124 Avenue 'B'

City State Zip Code
Bayonne NJ 07002

Date of Receipt
M M / D D / Y Y Y Y
04 / 08 / 2003

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ophthalmic Surgical Assoc. MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: R1964

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

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 6 / 37	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Andrew A. Benman, M.D.

Mailing Address
9630 N. Kenton Ave.

City State Zip Code
Skokie IL 60076

Date of Receipt
N M / D E / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Eye Care, Ltd. MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Credit Card

Transaction ID: R1932

B. Full Name (Last, First, Middle Initial)
Howard L. Bruckner, M.D.

Mailing Address
808 15th St.

City State Zip Code
Augusta GA 30601

Date of Receipt
N M / D E / Y Y Y Y
04 / 02 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Academy Cataract & Laser Surg MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Check

Transaction ID: R1909

C. Full Name (Last, First, Middle Initial)
Lisa Burin, MD

Mailing Address
1611 Pond Rd., #403

City State Zip Code
Allentown PA 18104

Date of Receipt
N M / D E / Y Y Y Y
04 / 29 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Credit Card

Transaction ID: R1980

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 7 / 37

(check only one)

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 Surgeon

Full Name (Last, First, Middle Initial)

A. Dr. Thomas J. Byrd, M.D.

Mailing Address

19401 Hibbard Dr., # 2D4

City

State

Zip Code

Dearborn

MI

48126

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 3 / 2 0 0 3

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Holland Eye Center

Occupation
MD

Credit Card

Receipt For: 2003
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: R1934

Full Name (Last, First, Middle Initial)

B. Dear Dr. Chris J. Cabler

Mailing Address

7707 Fannin St., #159

City

State

Zip Code

Houston

TX

77054

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 3 / 2 0 0 3

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Self

Occupation
MD

Credit Card

Receipt For: 2003
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: R1925

Full Name (Last, First, Middle Initial)

C. Dr. Charles G. Calenda, M.D.

Mailing Address

639 Metacom Ave.

City

State

Zip Code

Warren

RI

02885

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 3 / 2 0 0 3

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Self

Occupation
MD

Credit Card

Receipt For: 2003
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: R1926

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

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 37

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 Surgeon

Full Name (Last, First, Middle Initial)

A. Stephen P. Cassis, MD

Mailing Address

3D1 49th St. SE

City

State

Zip Code

Charleston

WV

25304

Date of Receipt

N M / D E / Y Y Y Y
05 / 20 / 2003

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Self

Occupation
MD

Check

Receipt For: 2003
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: R2007

Full Name (Last, First, Middle Initial)

B. Dr. Kenneth R. Dohan, M.D.

Mailing Address

303 Second Ave.

City

State

Zip Code

New York

NY

10003

Date of Receipt

N M / D E / Y Y Y Y
04 / 02 / 2003

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
SELF

Occupation
MD

Check

Receipt For: 2003
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: R1910

Full Name (Last, First, Middle Initial)

C. Michael Colvard, MD

Mailing Address

5363 Balboa Blvd. #545

City

State

Zip Code

Encino

CA

91416

Date of Receipt

N M / D E / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Self

Occupation
MD

Credit Card

Receipt For: 2003
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: R1919

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 9 / 37	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
 Dr. James R. Conforto, M.D.

Mailing Address
 21245 Lorain Rd., #10DII

City State Zip Code
 Fairview Park OH 44126

Date of Receipt
 04 / 08 / 2003

Amount of Each Receipt this Period
 500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 North Coast Ophthalmology MD

Check

Receipt For: 2003 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Transaction ID: R1941

B. Full Name (Last, First, Middle Initial)
 Dr. Loren D. Cook, M.D.

Mailing Address
 1055 North 300 W., #204

City State Zip Code
 Provo UT 84604

Date of Receipt
 04 / 28 / 2003

Amount of Each Receipt this Period
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Self MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Transaction ID: R1977

C. Full Name (Last, First, Middle Initial)
 Dr. Mary Jean Guaycong, M.D.

Mailing Address
 105 Bellevue Ave.

City State Zip Code
 Butler NJ 07405

Date of Receipt
 04 / 30 / 2003

Amount of Each Receipt this Period
 250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 SELF MD

Check

Receipt For: 2003 Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Transaction ID: R1982

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 37

(check only one)

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 Surgeon

Full Name (Last, First, Middle Initial)

A. Dr. Elliot Davidoff, M.D.

Mailing Address

1371 W. Main St.

City

State

Zip Code

Newark

OH

43055

Date of Receipt

N M / D E / Y Y Y Y
05 / 01 / 2003

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Center For Sight, Inc.

Occupation
MD

Credit Card

Receipt For: 2003
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: R1963

Full Name (Last, First, Middle Initial)

B. Dr. Jack M. Dedick, M.D.

Mailing Address

535 Park Ave.

City

State

Zip Code

New York

NY

10021

Date of Receipt

N M / D E / Y Y Y Y
04 / 08 / 2003

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
SELF

Occupation
MD

Check

Receipt For: 2003
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: R1955

Full Name (Last, First, Middle Initial)

C. Dr. George E. Fava, M.D.

Mailing Address

875 Norman Dr.

City

State

Zip Code

Lebanon

PA

17042

Date of Receipt

N M / D E / Y Y Y Y
04 / 08 / 2003

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
SELF

Occupation
MD

Check

Receipt For: 2003
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: R1956

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 11 / 37	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. William J. Fishkind, M.D.

Mailing Address
5588 N. Oracle Rd.

City State Zip Code
Tucson AZ 85704

Date of Receipt
M M / D D / Y Y Y Y
04 / 28 / 2003

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: R1974

B. Full Name (Last, First, Middle Initial)
Dr. Luther L. Fry, M.D.

Mailing Address
310 E. Walnut, #101

City State Zip Code
Garden City KS 67846

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF MD

Check

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: R1912

C. Full Name (Last, First, Middle Initial)
Dr. James P. Gills, M.D.

Mailing Address
49309 U.S. Hwy 19 N. P.O. Box 5000

City State Zip Code
Tarpon Springs FL 34888

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
St Luke's Catar & Laser Inst. MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: R1970

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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 12 / 37	
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. William N. Gilum, M.D.

Mailing Address
1519 E. Sixth St.

City State Zip Code
Weslaco TX 78696

Date of Receipt
M M / D D / Y Y Y Y
04 / 08 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Thurmond Eye Associates MD

Check

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: R1952

B. Full Name (Last, First, Middle Initial)
Dr. Robert Harbin, M.D.

Mailing Address
1825 Martha Berry Blvd.

City State Zip Code
Rome GA 30165

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2003

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF MD

Check

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: R1907

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey A. Hertz, M.D.

Mailing Address
190 New London Tpke

City State Zip Code
Norwich CT 06360

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 350.00

Transaction ID: R1921

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: (check only one)		PAGE 13 / 37	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Mark R. Iverson, M.D.

Mailing Address
81 River St.

City State Zip Code
Montpelier VT 05602

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: R1916

B. Full Name (Last, First, Middle Initial)
Dr. Martin B. Kaplan, M.D.

Mailing Address
6533 Drew Ave. South

City State Zip Code
Edina MN 55435

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Southdale Eye Clinic MD

Check

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: R1951

C. Full Name (Last, First, Middle Initial)
Dr. Phillip W. Kelly, M.D.

Mailing Address
1704 11th St.

City State Zip Code
Wichita Falls TX 76301

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
North Texas Ophth. Assoc. MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: R1935

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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 14 / 37

(check only one)

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 Surgeon

Full Name (Last, First, Middle Initial)

A. Dr. Patrick H. King, M.D.

Mailing Address

P. O. Box 819

City

State

Zip Code

Yankton

SD

57078

Date of Receipt

MM / DD / YYYY
04 / 08 / 2003

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
SELF

Occupation
MD

Check

Receipt For:

2002

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: R2003

Full Name (Last, First, Middle Initial)

B. Dr. Paul S. Koch, M.D.

Mailing Address

586 Tollgate Rd.

City

State

Zip Code

Warwick

RI

02886

Date of Receipt

MM / DD / YYYY
04 / 03 / 2003

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

Name of Employer
Self

Occupation
MD

Credit Card

Receipt For:

2003

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

1000.00

Transaction ID: R1923

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey E. Koza, M.D.

Mailing Address

1211 S. Arlington Hts. Rd.

City

State

Zip Code

Arlington Hts.

IL

60005

Date of Receipt

MM / DD / YYYY
04 / 08 / 2003

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
SELF

Occupation
MD

Check

Receipt For:

2003

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

500.00

Transaction ID: R1954

SUBTOTAL of Receipts This Page (optional) ▶

1750.00

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 15 / 37	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. John C. Kunes, M.D.

Mailing Address
3127 Stouenburgh Dr.

City State Zip Code
Hilliard OH 43026

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: R1930

B. Full Name (Last, First, Middle Initial)
Dr. Stephen S. Lane, M.D.

Mailing Address
232 N. Main St.

City State Zip Code
Stillwater MN 55082

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Assoc. Eye Physicians&Surg. MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: R1980

C. Full Name (Last, First, Middle Initial)
Dr. Charles E. Latocha, M.D.

Mailing Address
1945 Queenswood Dr.

City State Zip Code
York PA 17403

Date of Receipt
M M / D D / Y Y Y Y
05 / 29 / 2003

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Ophthalmology Assoc. of York MD

Check

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: R2008

SUBTOTAL of Receipts This Page (optional) ► **1150.00**

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 16 / 37	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Andrew J. Levada, M.D.

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2003

Mailing Address
1201 West Main St. PO Box 10017
City State Zip Code
Waterbury CT 06725

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Credit Card
Ophthalmic Surgical Assoc., Pc MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: R1978

B. Full Name (Last, First, Middle Initial)
Dr. Gary J. Levin, M.D.

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2003

Mailing Address
3000 Zinn Rd.
City State Zip Code
Thorndale PA 19072

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check
The Greenview Pavilion MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: R1986

C. Full Name (Last, First, Middle Initial)
Dr. David M. Loewy, M.D.

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2003

Mailing Address
407 Ave. K, S.E.
City State Zip Code
Winter Haven FL 33860

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Credit Card
Eye Clinic of Mid-Florida MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: R1915

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 17 / 37

(check only one)

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 Surgeon

Full Name (Last, First, Middle Initial)

A. Dr. James E. Lusk, M.D.

Mailing Address

1860 Fairfield Ave.

City

State

Zip Code

Shreveport

LA

71101

Date of Receipt

N M / D E / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Self

Occupation
MD

Credit Card

Receipt For: 2003

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: R1922

Full Name (Last, First, Middle Initial)

B. Dr. David B. Mallory, M.D.

Mailing Address

1240 S.W. 44th St

City

State

Zip Code

Oklahoma City

OK

73109

Date of Receipt

N M / D E / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
SELF

Occupation
MD

Check

Receipt For: 2003

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: R1942

Full Name (Last, First, Middle Initial)

C. Dr. Samuel Masker, M.D.

Mailing Address

7320 Woodlake Ave, #380

City

State

Zip Code

West Hills

CA

91307

Date of Receipt

N M / D E / Y Y Y Y
06 / 06 / 2003

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Advanced Vision Care

Occupation
MD

Credit Card

Receipt For: 2003

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: R2011

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 18 / 37	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Marguerite B. McDonald, M.D.

Mailing Address
2628 Napoleon Ave.

City State Zip Code
New Orleans LA 70115

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Credit Card
Refractive Surgery Center MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: R2000

B. Full Name (Last, First, Middle Initial)
Dr. Wallace N. McLeod Jr., M.D.

Mailing Address
1212 Augusta W. Pkwy.

City State Zip Code
Augusta GA 30609

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Credit Card
Eye Physicians & Surgeons of Augusta MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: R1938

C. Full Name (Last, First, Middle Initial)
Dr. Carl A. Mining Jr., M.D.

Mailing Address
2935 Maple Ave.

City State Zip Code
Zanesville OH 43701

Date of Receipt
M M / D D / Y Y Y Y
04 / 08 / 2003

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check
Eye Surgery Assoc. Zanesville MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: R1944

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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 19 / 37	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. James A. Murphy, M.D.

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2003

Mailing Address
2921 N Belt Hwy, Ste M9

City State Zip Code
St. Joseph MO 64506

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Murphy Watson Eye Ctr. MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: R1979

B. Full Name (Last, First, Middle Initial)
Dr. Herbert J. Nevyas, M.D.

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2003

Mailing Address
2 Bala Plaza

City State Zip Code
Bala Cynwyd PA 19004

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Nevyas Eye Associates MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: R1972

C. Full Name (Last, First, Middle Initial)
Dr. Louis D. Noharin, M.D.

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2003

Mailing Address
50 Waterford Pike P.O. Box J

City State Zip Code
Brookville PA 15825

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Laurel Eye Clinic MD

Check

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: R1981

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 37	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Dr. Stephen A. Obstbaum, M.D.

Mailing Address
115 E. 38th St.

City State Zip Code
New York NY 10016

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self MD

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: R2020

B. Full Name (Last, First, Middle Initial)
Dr. Mark Paster

Mailing Address
1550 Oak St., #5

City State Zip Code
Eugene OR 97401

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: R2017

C. Full Name (Last, First, Middle Initial)
Dr. Philip Pader, M.D.

Mailing Address
2727 Barnett Road

City State Zip Code
Medford OR 97504

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Medical Eye Center, Inc. MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: R1917

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

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 / 37	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. David S. Pao, M.D.

Mailing Address
1D18 Street Rd.

City State Zip Code
Southampton PA 18866

Date of Receipt
M M / D D / Y Y Y Y
04 / 20 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: R1971

B. Full Name (Last, First, Middle Initial)
Dr. Larry E. Patterson, M.D.

Mailing Address
220 Lantana Rd.

City State Zip Code
Crossville TN 38555

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Crossville Eye Center MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: R1961

C. Full Name (Last, First, Middle Initial)
Michael Pennethio, MD

Mailing Address
12318 Lakeshore Dr.

City State Zip Code
Clermont FL 34711

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF MD

Check

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: R1915

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

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 37	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Priscilla E. Perry, M.D.

Mailing Address
1310 N. 19th St.

City State Zip Code
Monroe LA 71201

Date of Receipt
M M / D D / Y Y Y Y
04 / 08 / 2003

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Cooksey & Perry, M.D.'s MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Credit Card

Transaction ID: R1957

B. Full Name (Last, First, Middle Initial)
Dr. Michael R. Peterson, M.D.

Mailing Address
700 W. Kent

City State Zip Code
Missoula MT 59801

Date of Receipt
M M / D D / Y Y Y Y
04 / 08 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Check

Transaction ID: R1950

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

Mailing Address
2423 Mancos Road

City State Zip Code
Cortez CO 81321

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Alpine Eye Clinic MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Check

Transaction ID: R1913

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

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 23 / 37

(check only one)

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 Surgeon

Full Name (Last, First, Middle Initial)

A. Dr. Charles T. Post Jr., M.D.

Mailing Address

4D Industrial Park Rd.

City

State

Zip Code

Plymouth

MA

02360

Date of Receipt

N M / D E / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Post Eye Center

Occupation
MD

Credit Card

Receipt For: 2003

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: R1924

Full Name (Last, First, Middle Initial)

B. Dr. David O. Renz, M.D.

Mailing Address

702 E. Clark Blvd.

City

State

Zip Code

Murfreesboro

TN

37130

Date of Receipt

N M / D E / Y Y Y Y
06 / 06 / 2003

Amount of Each Receipt this Period

250.00

FEC ID number of contributing federal political committee.

Name of Employer
Stones River Eye Center

Occupation
MD

Credit Card

Receipt For: 2003

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: R2015

Full Name (Last, First, Middle Initial)

C. Susan J. Relf, MD

Mailing Address

5007 Matterhorn Dr.

City

State

Zip Code

Duluth

MN

55811

Date of Receipt

N M / D E / Y Y Y Y
04 / 09 / 2003

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

Name of Employer
Relf Eye Associates

Occupation
MD

Credit Card

Receipt For: 2003

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: R1962

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 24 / 37	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Frederick A. Richburg, M.D.

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2003

Mailing Address
1680 E. Herndon Ave.

City State Zip Code
Fresno CA 93720

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Credit Card
Valley Eye Institute MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: R2013

B. Full Name (Last, First, Middle Initial)
Dr. James P. Richmond Jr., M.D.

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2003

Mailing Address
832 Spring Creek Rd.

City State Zip Code
Chattanooga TN 37412

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Credit Card
East Ridge Eye Center MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: R1929

C. Full Name (Last, First, Middle Initial)
Dr. Jesse H. Rigby, M.D.

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2003

Mailing Address
3315 N. Seminary St.

City State Zip Code
Galesburg IL 61402

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Credit Card
SELF MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: R1966

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 25 / 37	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Aran D. Rose, M.D.

Mailing Address
6D Temple St., #8b

City State Zip Code
New Haven CT 06510

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Self Occupation MD Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: R1958

B. Full Name (Last, First, Middle Initial)
Dr. David Cheng.

Mailing Address
782 Altos Oaks Dr

City State Zip Code
Los Altos CA 94024

Date of Receipt
M M / D D / Y Y Y Y
04 / 09 / 2003

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer SELF Occupation MD Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: R1959

C. Full Name (Last, First, Middle Initial)
Dr. G. Gregory Smith, M.D.

Mailing Address
1100 Grant Ave.

City State Zip Code
Wilmington DE 19805

Date of Receipt
M M / D D / Y Y Y Y
05 / 01 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Delaware Eye Surgeons Occupation MD Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: R1960

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 26 / 37	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Roger F. Steinert, M.D.

Mailing Address
5D Staniford St., 6th Fl.
City: Boston State: MA Zip Code: 02114

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer: Ophthalmic Consultants Occupation: MD Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: R1937

B. Full Name (Last, First, Middle Initial)
Dr. Paul Tarantino, M.D.

Mailing Address
200 Hospital Dr. #600
City: Glen Burnie State: MD Zip Code: 21061

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: SELF Occupation: MD Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: R1938

C. Full Name (Last, First, Middle Initial)
Dr. Stuart A. Tany, M.D.

Mailing Address
1100 North Main
City: San Antonio State: TX Zip Code: 78212

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer: Self Occupation: MD Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: R1931

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
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 27 / 37	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
John W. Thomas

Date of Receipt
M M / D D / Y Y Y Y
04 / 02 / 2003

Mailing Address
3519 Friendville Rd.

City State Zip Code
Wooster OH 44691

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self MD

Check

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 800.00

Transaction ID: R1908

B. Full Name (Last, First, Middle Initial)
Dr. Lyda Tymiak, M.D.

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2003

Mailing Address
2850 Tampa Rd.

City State Zip Code
Palm Harbor FL 34684

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Gulf Coast Cataract & Eye Care MD

Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: R2014

C. Full Name (Last, First, Middle Initial)
Dr. Peter J. Utrata, M.D.

Date of Receipt
M M / D D / Y Y Y Y
04 / 08 / 2003

Mailing Address
303 E. Town St., #270

City State Zip Code
Columbus OH 43215

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Eye Surgery Center of Ohio MD

Check

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: R1943

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: (check only one)		PAGE 28 / 37	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
John A. Vukich, MD

Mailing Address
1025 Regent St.

City State Zip Code
Madison WI 53715

Date of Receipt
M M / D D / Y Y Y Y
05 / 02 / 2003

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Credit Card
Davis, Duehr, Dean MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: R1969

B. Full Name (Last, First, Middle Initial)
Dr. Daniel W. Welch, M.D.

Mailing Address
407 Ave. 'K' S.E.

City State Zip Code
Winter Haven FL 33880

Date of Receipt
M M / D D / Y Y Y Y
04 / 08 / 2003

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Check
Eye Clinic of Mid-Florida MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: R1949

C. Full Name (Last, First, Middle Initial)
Dr. Melvin A. Wolf, M.D.

Mailing Address
909 Sumneytown Pike, #201

City State Zip Code
Spring House PA 15477

Date of Receipt
M M / D D / Y Y Y Y
04 / 29 / 2003

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation Credit Card
SELF MD

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 400.00

Transaction ID: R1973

SUBTOTAL of Receipts This Page (optional) ▶ **1600.00**

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 / 37
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Dr. Lyn E. Yakubov, M.D.

Mailing Address
10 Dutton Dr.
City: Youngstown State: OH Zip Code: 44502

Date of Receipt
M M / D D / Y Y Y Y
04 / 03 / 2003

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Eye Care Associates Occupation: MD Credit Card

Receipt For: 2003 Aggregate Year-to-Date ▼
Primary X General 250.00
Other (specify) ▼

Transaction ID: R1920

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	27550.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 30 / 37

(check only one)

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 Surgeon

Full Name (Last, First, Middle Initial)

A. Crestar Bank

Mailing Address

1445 New York Avenue, NW

City

State

Zip Code

Washington

DC

20005

Date of Receipt

N M / D E / Y Y Y Y
04 / 30 / 2003

Amount of Each Receipt this Period

0.95

FEC ID number of contributing federal political committee.

Name of Employer
Crestar Bank

Occupation
N/A

Check

Receipt For: 2002
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

20.50

Transaction ID: R1939

Full Name (Last, First, Middle Initial)

B. Crestar Bank

Mailing Address

1445 New York Avenue, NW

City

State

Zip Code

Washington

DC

20005

Date of Receipt

N M / D E / Y Y Y Y
04 / 30 / 2003

Amount of Each Receipt this Period

5.73

FEC ID number of contributing federal political committee.

Name of Employer
Crestar Bank

Occupation
N/A

Check

Receipt For: 2002
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

20.50

Transaction ID: R2001

Full Name (Last, First, Middle Initial)

C. Crestar Bank

Mailing Address

1445 New York Avenue, NW

City

State

Zip Code

Washington

DC

20005

Date of Receipt

N M / D E / Y Y Y Y
05 / 31 / 2003

Amount of Each Receipt this Period

7.64

FEC ID number of contributing federal political committee.

Name of Employer
Crestar Bank

Occupation
N/A

Check

Receipt For: 2002
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

20.50

Transaction ID: R2019

SUBTOTAL of Receipts This Page (optional) ► **14.32**

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 31 / 37	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

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

Mailing Address
1445 New York Avenue, NW
City Washington State DC Zip Code 20005

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2003

Amount of Each Receipt this Period
5.76

FEC ID number of contributing federal political committee.

Name of Employer Crestar Bank Occupation N/A Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 20.50

Transaction ID: R2026

Full Name (Last, First, Middle Initial)
B. Dean Witter

Mailing Address
2 Wisconsin Circle Suite 330
City Chevy Chase State MD Zip Code 20815

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2003

Amount of Each Receipt this Period
62.31

FEC ID number of contributing federal political committee.

Name of Employer Dean Witter Reynolds Occupation N/A Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 316.54

Transaction ID: R1940

Full Name (Last, First, Middle Initial)
C. Dean Witter

Mailing Address
2 Wisconsin Circle Suite 330
City Chevy Chase State MD Zip Code 20815

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2003

Amount of Each Receipt this Period
54.44

FEC ID number of contributing federal political committee.

Name of Employer Dean Witter Reynolds Occupation N/A Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 316.54

Transaction ID: R2004

SUBTOTAL of Receipts This Page (optional) ▶ **112.51**

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 32 / 37
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dean Witter

Mailing Address
2 Wisconsin Circle Suite 330
City State Zip Code
Chevy Chase MD 20815

Date of Receipt
M M / D D / Y Y Y Y
05 / 31 / 2003

Amount of Each Receipt this Period
49.73

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dean Witter Reynolds N/A

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 316.54

Transaction ID: R2018

B. Full Name (Last, First, Middle Initial)
Dean Witter

Mailing Address
2 Wisconsin Circle Suite 330
City State Zip Code
Chevy Chase MD 20815

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2003

Amount of Each Receipt this Period
46.21

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Dean Witter Reynolds N/A

Check

Receipt For: 2002 Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 316.54

Transaction ID: R2027

C.

SUBTOTAL of Receipts This Page (optional)	▶	95.94
TOTAL This Period (last page this line number only)	▶	222.77

**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)

PAGE 33 / 37

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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NAME OF COMMITTEE (In Full)

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Crestar Bank		04 / 01 / 2003	
Mailing Address		Amount of Each Disbursement this Period	
1445 New York Avenue, NW		44.51	
City	State	Zip Code	
Washington	DC	20005	
Purpose of Disbursement		Category/Type	
Bank Charges		Bank Charges	
Candidate Name		Transaction ID: D498	
Office Sought:	Disbursement For:		
House	2003		
Senate	Primary		
President	General		
	X Other (specify) ▼		
State:	Other		
District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Crestar Bank		04 / 30 / 2003	
Mailing Address		Amount of Each Disbursement this Period	
1445 New York Avenue, NW		373.17	
City	State	Zip Code	
Washington	DC	20005	
Purpose of Disbursement		Category/Type	
Bank Charges		Bank Charges	
Candidate Name		Transaction ID: D500	
Office Sought:	Disbursement For:		
House	2003		
Senate	Primary		
President	General		
	X Other (specify) ▼		
State:	Other		
District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Crestar Bank		05 / 31 / 2003	
Mailing Address		Amount of Each Disbursement this Period	
1445 New York Avenue, NW		888.63	
City	State	Zip Code	
Washington	DC	20005	
Purpose of Disbursement		Category/Type	
Bank Charges		Bank Charges	
Candidate Name		Transaction ID: D506	
Office Sought:	Disbursement For:		
House	2003		
Senate	Primary		
President	General		
	X Other (specify) ▼		
State:	Other		
District:			

SUBTOTAL of Disbursements This Page (optional)	1416.31
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)

PAGE 34 / 37

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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NAME OF COMMITTEE (In Full)

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

Full Name (Last, First, Middle Initial)

A. Crestar Bank

Mailing Address

1445 New York Avenue, NW

City

Washington

State

DC

Zip Code

20005

Purpose of Disbursement

Bank Charges

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

State:

District:

Disbursement For:

2003

Primary

General

Other (specify) ▼

Other

Date of Disbursement

06 / 30 / 2003

Amount of Each Disbursement this Period

140.05

Bank Charges

Transaction ID: D517

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶

140.05

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

1556.36

**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)

PAGE 35 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

Full Name (Last, First, Middle Initial) A. Bill Thomas Campaign Committee		Date of Disbursement 05 / 27 / 2003	
Mailing Address P. O. BOX 395 City: BAKERSFIELD State: CA Zip Code: 93302		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Contribution: Bill M. Thomas (2004 Prima)		Contribution: Bill M. Thomas (2004 Primary R-CA)	
Candidate Name Bill M. Thomas (CA-22-R)			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: D502	
State: CA District: 22			

Full Name (Last, First, Middle Initial) B. Citizens for Arlen Specter		Date of Disbursement 05 / 27 / 2003	
Mailing Address 734 7th St., SE, 2nd Fl. City: Washington State: DC Zip Code: 20003		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Contribution: Arlen Specter (2004 General)		Contribution: Arlen Specter (2004 General R-Senator PA)	
Candidate Name Arlen Specter (PA-R)			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: D504	
State: PA District: 0			

Full Name (Last, First, Middle Initial) C. The Billy Tauzin Campaign Committee		Date of Disbursement 06 / 28 / 2003	
Mailing Address PO Box 2266 City: Houma State: LA Zip Code: 70361		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Contribution: Billy J. Tauzin (R-LA 2004)		Contribution: Billy J. Tauzin (R-LA 2004 Primary)	
Candidate Name Billy J. Tauzin (LA-3-R)			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	Transaction ID: D508	
State: LA District: 3			

SUBTOTAL of Disbursements This Page (optional) ▶	15000.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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)
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgeon

Full Name (Last, First, Middle Initial) A. Grassley Committee		Date of Disbursement 06 / 26 / 2003
Mailing Address PO Box 1000 City: Des Moines State: IA Zip Code: 50304		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution: Chuck E. Grassley (R-Sen-I)		Contribution: Chuck E. Grassley (R-Sen-IA 2004 Primary)
Candidate Name Chuck E. Grassley (IA-R)		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: IA District: 0	Category/Type	Transaction ID: D50B

Full Name (Last, First, Middle Initial) B. Richard Burr Committee		Date of Disbursement 06 / 27 / 2003
Mailing Address PO Box 592B City: Winston-Salem State: NC Zip Code: 27113		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution: Richard Burr (R-Cand-Senna)		Contribution: Richard Burr (R-Cand-Sennate-NC)
Candidate Name Richard Burr (NC-5-R)		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NC District: 5	Category/Type	Transaction ID: D51D

Full Name (Last, First, Middle Initial) C. Judd Gregg Committee		Date of Disbursement 06 / 27 / 2003
Mailing Address PO Box 1812 City: Concord State: NH Zip Code: 03302		Amount of Each Disbursement this Period 3000.00
Purpose of Disbursement Contribution: Judd Gregg (R-Sen-NH 2004)		Contribution: Judd Gregg (R-Sen-NH 2004 Primary)
Candidate Name Judd Gregg (NH-R)		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: NH District: 0	Category/Type	Transaction ID: D511

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Citizens for Bunning		Date of Disbursement 06 / 30 / 2003
Mailing Address 1717 Dixie Hwy, #180 City: Ft Wright State: KY Zip Code: 41011		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Contribution: Jim Bunning (KY-4-R 2004 P)		Contribution: Jim Bunning (KY-4-R 2004 Primary)
Candidate Name Jim Bunning (KY-4-R) Category/Type		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: D515
State: KY District: 4		

Full Name (Last, First, Middle Initial) B. Volunteer PAC		Date of Disbursement 06 / 30 / 2003
Mailing Address PO Box 158552 City: Nashville State: TN Zip Code: 37215		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Contribution: Volunteer PAC 2004 Primary		Contribution: Volunteer PAC 2004 Primary
Candidate Name Volunteer PAC Category/Type		
Office Sought: House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: D516
State: TN District:		

C.

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	31500.00