

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 Surgeon

ADDRESS (number and street) 4000 Legato Road, Suite 700
 Check if different than previously reported. (ACC)
Fairfax VA 22033

2. **FEC IDENTIFICATION NUMBER** C00171504
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 (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 07 01 2007 through 12 31 2007

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 Nancey McCann

Signature of Treasurer Electronically Filed by Nancey McCann Date 01 31 2008

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. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
 eyePAC Political Action Committee for American Society of Cataract and Refractive
 Surger

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		98272.67
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	80145.14									
(c) Total Receipts (from Line 19)	65904.37	89766.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	146049.51	188039.11								
7. Total Disbursements (from Line 31)	25507.99	67497.59								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	120541.52	120541.52								
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

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	58680.00	80830.00
(i) Itemized (use Schedule A)	5750.00	6050.00
(ii) Unitemized	64430.00	86880.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	64430.00	86880.00
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 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.)	1474.37	2886.44
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))	65904.37	89766.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	65904.37	89766.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	2211.59	3201.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2211.59	3201.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23296.40	64296.40
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. 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))..	25507.99	67497.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25507.99	67497.59

DETAILED SUMMARY PAGE
of Disbursements

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	64430.00	86880.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64430.00	86880.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2211.59	3201.19
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2211.59	3201.19

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Omar Almallah		Date of Receipt
	Mailing Address The Focus Center 20 Mule Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 1 / 2 0 0 7
	City	State	Zip Code
	Toms River	NJ	08755
	FEC ID number of contributing federal political committee. C		Transaction ID: 71003.C2411
Name of Employer Susskind & Almallah Eye Assoc		Occupation MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

Receipt

B.	Full Name (Last, First, Middle Initial) Amir Arbisser		Date of Receipt
	Mailing Address 777 Tanglefoot Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 5 / 2 0 0 7
	City	State	Zip Code
	Bettendorf	IA	52722
	FEC ID number of contributing federal political committee. C		Transaction ID: 80111.C2542
Name of Employer Self Employed		Occupation MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

Receipt

C.	Full Name (Last, First, Middle Initial) Lisa Arbisser		Date of Receipt
	Mailing Address 777 Tanglefoot Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 0 5 / 2 0 0 7
	City	State	Zip Code
	Bettendorf	IA	52722
	FEC ID number of contributing federal political committee. C		Transaction ID: 80111.C2543
Name of Employer Eye Surgeonis Associates, PC		Occupation MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Brock Bakewell		Date of Receipt MM / DD / YYYY 10 / 08 / 2007
	Mailing Address 5599 N. Oracle Rd.		Transaction ID: 71009.C2450
	City Tuscon	State AZ	Zip Code 85704-3821
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Self Employed	Occupation MD	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Wayne Barber		Date of Receipt MM / DD / YYYY 12 / 03 / 2007
	Mailing Address 826 Washington Rd # 200		Transaction ID: 80111.C2563
	City Westminster	State MD	Zip Code 21157
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Mohr & Barber, MD, LLC	Occupation MD	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Donald Barnhorst		Date of Receipt MM / DD / YYYY 10 / 25 / 2007
	Mailing Address 6269 Beach Boulevard Suite 4		Transaction ID: 71029.C2501
	City Jacksonville	State FL	Zip Code 32216
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Barnhorst Eye Associates	Occupation MD	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) Gregg Berdy		Date of Receipt MM / DD / YYYY 11 / 27 / 2007		
	Mailing Address 456 N. New Ballas Rd. Suite 386		Transaction ID: 80111.C2558		
	City Creve Coeur	State MO	Zip Code 63141-6846	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Self Employed	Occupation MD	Aggregate Year-to-Date 300.00		

B.	Full Name (Last, First, Middle Initial) Gina Biagi		Date of Receipt MM / DD / YYYY 10 / 11 / 2007		
	Mailing Address PO Box 769 1205 N. High St.		Transaction ID: 71012.C2470		
	City Millville	State NJ	Zip Code 08332-0769	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer The Eye Professionals	Occupation Information Requested	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) Carol Boerner		Date of Receipt MM / DD / YYYY 11 / 13 / 2007		
	Mailing Address 843 Whitmore Rd		Transaction ID: 80111.C2553		
	City Reading	State VT	Zip Code 05062-9630	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Lane Eye Associates	Occupation MD	Aggregate Year-to-Date 300.00		

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Jeffrey Brant	Date of Receipt MM / DD / YYYY 10 / 04 / 2007
	Mailing Address 962 Joe Frank Harris Pkwy SE #201	Transaction ID: 71009.C2442
	City State Zip Code Cartersville GA 30120-2142	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Allatona Eye Institute Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00	

B.	Full Name (Last, First, Middle Initial) Jeffrey Brant	Date of Receipt MM / DD / YYYY 10 / 29 / 2007
	Mailing Address 962 Joe Frank Harris Pkwy SE #201	Transaction ID: 80111.C2526
	City State Zip Code Cartersville GA 30120-2142	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Allatona Eye Institute Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Jill Brody	Date of Receipt MM / DD / YYYY 09 / 28 / 2007
	Mailing Address 505 E. Grant St.	Transaction ID: 71003.C2406
	City State Zip Code Macomb IL 61455	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer McDonough Eye Associates Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) Mark Cabin		Date of Receipt
	Mailing Address 757 Baldwin Rd.		<input type="text" value="10"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Highland Park	IL	60035
	FEC ID number of contributing federal political committee. C		Transaction ID: 71003.C2415
Name of Employer Self Employed		Occupation MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Receipt

B.	Full Name (Last, First, Middle Initial) Michael Colvard		Date of Receipt
	Mailing Address 5363 Balboa Blvd # 545		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Encino	CA	91316
	FEC ID number of contributing federal political committee. C		Transaction ID: 71029.C2506
Name of Employer Colvard Eye Center		Occupation MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	Receipt

C.	Full Name (Last, First, Middle Initial) Garry Condon		Date of Receipt
	Mailing Address 420 E North Ave, # 116		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Pittsburgh	PA	15212-4746
	FEC ID number of contributing federal political committee. C		Transaction ID: 71029.C2511
Name of Employer Allegheny Ophth & Orbital Assc		Occupation MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 51
(check only one)

<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)
Loran Cook

Mailing Address 1055 N 300 W

City Provo State UT Zip Code 84604-3344

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 05 / 2007

Transaction ID: 71009.C2445

Amount of Each Receipt this Period 250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Robert Daly

Mailing Address 53 Sewall St

City Portland State ME Zip Code 04102

FEC ID number of contributing federal political committee. **C**

Name of Employer Eyecare Medical Group Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2007

Transaction ID: 80111.C2527

Amount of Each Receipt this Period 300.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Kevin Denny

Mailing Address 2201 Webster St

City San Francisco State CA Zip Code 94115-1820

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2007

Transaction ID: 80111.C2529

Amount of Each Receipt this Period 500.00

Receipt

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 51
	<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) Eric Donnenfeld		Date of Receipt MM / DD / YYYY 10 / 23 / 2007
	Mailing Address 2000 North Village Ave. #402		Transaction ID: 71029.C2497
	City State Zip Code Rockville Ctr NY 11570-1001	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C	Receipt	
	Name of Employer Occupation Ophthalmic Consultants MD	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Mark Drabkin		Date of Receipt MM / DD / YYYY 10 / 02 / 2007
	Mailing Address 3707 Maidu PI		Transaction ID: 71003.C2427
	City State Zip Code Davis CA 95616-5081	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C	Receipt	
	Name of Employer Occupation Self Employed MD	Aggregate Year-to-Date 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) R. Malcolm Edwards		Date of Receipt MM / DD / YYYY 10 / 05 / 2007
	Mailing Address Lancaster Eye Clinic 1240 Colonial Commons		Transaction ID: 71009.C2444
	City State Zip Code Lancaster SC 29720	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C	Receipt	
	Name of Employer Occupation Lancaster Eye Clinic Information Requested	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Robert Epstein		Date of Receipt
	Mailing Address 5400 W Elm St Ste 120		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 27 / 2007
	City	State	Zip Code
	McHenry	IL	60050
	FEC ID number of contributing federal political committee. C		Transaction ID: 71003.C2398
Name of Employer Mercy Center For Correction		Occupation MD, MBA	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			Receipt

B.	Full Name (Last, First, Middle Initial) I. Howard Fine		Date of Receipt
	Mailing Address 1550 Oak St #5		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 08 / 2007
	City	State	Zip Code
	Eugene	OR	97401-7701
	FEC ID number of contributing federal political committee. C		Transaction ID: 71009.C2455
Name of Employer Drs. Fine, Hoffman & Pack-er, L		Occupation MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Receipt

C.	Full Name (Last, First, Middle Initial) William Fishkind		Date of Receipt
	Mailing Address 5599 N Oracle Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 28 / 2007
	City	State	Zip Code
	Tucson	AZ	85704-3821
	FEC ID number of contributing federal political committee. C		Transaction ID: 71003.C2403
Name of Employer Fishkind & Bakewell Eye Care		Occupation MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1800.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) Robert Ford	Date of Receipt MM / DD / YYYY 10 / 03 / 2007
	Mailing Address 2517 N.E. Kresky Ave.	Transaction ID: 71009.C2431
	City State Zip Code Chehalis WA 98532-2409	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Pacific Cataract & Laser Inst. Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 5000.00	

B.	Full Name (Last, First, Middle Initial) John Fornarotto	Date of Receipt MM / DD / YYYY 11 / 27 / 2007
	Mailing Address 500 South 11th Ave., #502	Transaction ID: 80111.C2559
	City State Zip Code Pocatello ID 83201-4871	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Pocatello Eye Care Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

C.	Full Name (Last, First, Middle Initial) Ivan Garcia	Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 2925 Lord Baltimore Dr # 300	Transaction ID: 80111.C2539
	City State Zip Code Baltimore MD 21244-2568	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Omni Eye Specialists Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	6300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) John Michael Garrett	Date of Receipt MM / DD / YYYY 10 / 16 / 2007
	Mailing Address 1301 S Carpenter Ave	Transaction ID: 71017.C2480
	City State Zip Code Iron Mountain MI 49801-4795	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Garrett Eye Center MD, BS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) William Gillum	Date of Receipt MM / DD / YYYY 10 / 04 / 2007
	Mailing Address 1519 E Sixth St	Transaction ID: 71009.C2437
	City State Zip Code Weslaco TX 78596-6605	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Thurmond Eye Associates MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Erich Groos	Date of Receipt MM / DD / YYYY 11 / 30 / 2007
	Mailing Address 2011 Murphy Ave Bapt N Med Bldg, # 602	Transaction ID: 80111.C2562
	City State Zip Code Nashville TN 37203	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Cornea Consultants of Nashville MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 51
(check only one)

<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)
Howard Gross

Mailing Address 9701 Ventnor Ave # 201

City Margate State NJ Zip Code 08402-2222

FEC ID number of contributing federal political committee. **C**

Name of Employer Horizon Eye Care Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 25 / 2007

Transaction ID: 71029.C2500

Amount of Each Receipt this Period 500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Chris Gualtieri

Mailing Address 3969 Fourth Avenue #301

City San Diego State CA Zip Code 92103

FEC ID number of contributing federal political committee. **C**

Name of Employer Gualteri Eye Laser East Vision Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 03 / 2007

Transaction ID: 71009.C2433

Amount of Each Receipt this Period 300.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Michelle Guevarra Pena

Mailing Address 14-A Jayne Ave

City Patchogue State NY Zip Code 11772

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 26 / 2007

Transaction ID: 71029.C2512

Amount of Each Receipt this Period 300.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Lori Ann Harkins		Date of Receipt MM / DD / YYYY 10 / 09 / 2007
	Mailing Address 830 Alpha		Transaction ID: 71009.C2459
	City Grand Island	State NE	Zip Code 68803-4320
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Grand Island Eye Associates	Occupation MD	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Marnix Heersink		Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 2800 Ross Clark Cir		Transaction ID: 71003.C2417
	City Dothan	State AL	Zip Code 36301
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Eye Center South	Occupation MD	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Stanley Hersh		Date of Receipt MM / DD / YYYY 10 / 12 / 2007
	Mailing Address Ophthalmic Surgical Assoc. 1201 W. Main St.		Transaction ID: 71012.C2473
	City Waterbury	State CT	Zip Code 06708
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Ophthalmic Surgical Assoc.	Occupation Information Requested	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Gary Hirshfield		Date of Receipt MM / DD / YYYY 10 / 04 / 2007
	Mailing Address 42-31 Colden St. #102		Transaction ID: 71009.C2443
	City Flushing	State NY	Zip Code 11050
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
	Name of Employer Self Employed	Occupation MD	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Martin Kaplan		Date of Receipt MM / DD / YYYY 10 / 08 / 2007
	Mailing Address 6533 Drew Ave South		Transaction ID: 71009.C2456
	City Edina	State MN	Zip Code 55435-2103
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
	Name of Employer Southdale Eye Clinic	Occupation MD	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Philip Kath		Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 335 E Parker Rd		Transaction ID: 71003.C2416
	City Morganton	State NC	Zip Code 28655
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Morganton Eye Physicians	Occupation MD	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1165.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 51
(check only one)

<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)
Gerald Keener

Mailing Address 1400 N Ritter Ave # 276

City Indianapolis State IN Zip Code 46219-3099

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2007

Transaction ID: 80111.C2530

Amount of Each Receipt this Period 300.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Dennis Khoury

Mailing Address 8118 Bustleton Ave

City Philadelphia State PA Zip Code 19152

FEC ID number of contributing federal political committee. **C**

Name of Employer Eye Surgical Med. Associa-tes Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 20 / 2007

Transaction ID: 80111.C2556

Amount of Each Receipt this Period 300.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Stephen Kondash

Mailing Address Mercy Franciscan Hospital
2841 Boudinot Ave. Ste #300

City Cincinnati State OH Zip Code 45238

FEC ID number of contributing federal political committee. **C**

Name of Employer Center For Sight Building Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 09 / 2007

Transaction ID: 80111.C2548

Amount of Each Receipt this Period 300.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
Bruce Larson

Mailing Address 126 W First St

City Hinsdale State IL Zip Code 60532

FEC ID number of contributing federal political committee. **C**

Name of Employer Larson Eye Center, Inc. Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2007

Transaction ID: 71009.C2435

Amount of Each Receipt this Period 500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Elise Leonard

Mailing Address 8890 W Oakland Park Blvd Ste #300

City Sunrise State FL Zip Code 33351

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 01 / 2007

Transaction ID: 71003.C2409

Amount of Each Receipt this Period 365.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Jeffrey Liegner

Mailing Address 350 Sparta Ave. Bldg. A

City Sparta State NJ Zip Code 07871

FEC ID number of contributing federal political committee. **C**

Name of Employer Eye Care Northwest Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 02 / 2007

Transaction ID: 80111.C2537

Amount of Each Receipt this Period 1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) Kenneth Lindahl	Date of Receipt MM / DD / YYYY 11 / 28 / 2007
	Mailing Address 30 N Union St, # 101	Transaction ID: 80111.C2561
	City State Zip Code Rochester NY 14607	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Rochester Eye Center MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Kevin Lorenz	Date of Receipt MM / DD / YYYY 10 / 05 / 2007
	Mailing Address 620 N 9th St	Transaction ID: 71009.C2446
	City State Zip Code Bismarck ND 58501	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Eye Clinic of North Dakota MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) David Ludwick	Date of Receipt MM / DD / YYYY 11 / 08 / 2007
	Mailing Address 825 Fifth Ave. Ste. 102	Transaction ID: 80111.C2547
	City State Zip Code Chambersburg PA 17201-2923	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Occupation Ludwick Eye Center MD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 51
(check only one)

<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)
Bryant Lum

Mailing Address 3088 Telegraph Rd
Ste A

City State Zip Code
Ventura CA 93003-3228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ventura Ophthalmology MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: 71003.C2394

Amount of Each Receipt this Period
200.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Michael Magbalon

Mailing Address 2282 E Pinetree Blvd

City State Zip Code
Thomasville GA 31792

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Thomasville Eye Center MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: 71003.C2422

Amount of Each Receipt this Period
500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Ahad Mahootchi

Mailing Address 6739 Gall Blvd.

City State Zip Code
Zephyrhills FL 33542

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 6 / 2 0 0 7

Transaction ID: 71003.C2397

Amount of Each Receipt this Period
650.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) Ahad Mahootchi		Date of Receipt MM / DD / YYYY 10 / 01 / 2007		
	Mailing Address 6739 Gall Blvd.		Transaction ID: 80129.C2581		
	City Zephyrhills	State FL	Zip Code 33542	Amount of Each Receipt this Period 650.00	
	FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Self Employed		Occupation MD			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

B.	Full Name (Last, First, Middle Initial) Ahad Mahootchi		Date of Receipt MM / DD / YYYY 11 / 30 / 2007		
	Mailing Address 6739 Gall Blvd.		Transaction ID: 80129.C2582		
	City Zephyrhills	State FL	Zip Code 33542	Amount of Each Receipt this Period -650.00	
	FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Self Employed		Occupation MD			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

C.	Full Name (Last, First, Middle Initial) Robert Maloney		Date of Receipt MM / DD / YYYY 10 / 09 / 2007		
	Mailing Address 10921 Wilshire Blvd Ste 900		Transaction ID: 71009.C2460		
	City Los Angeles	State CA	Zip Code 90024	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Maloney Vision Institute		Occupation MD			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Delia Manjoney	Date of Receipt MM / DD / YYYY 10 / 04 / 2007
	Mailing Address Vincent & Delia Manjoney, MDs 2720 Main St	Transaction ID: 71009.C2441
	City State Zip Code Bridgeport CT 06606	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Vincent & Delia Manjoney, MDs Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

B.	Full Name (Last, First, Middle Initial) William Marr	Date of Receipt MM / DD / YYYY 10 / 25 / 2007
	Mailing Address 2801 E 29th St #101	Transaction ID: 71029.C2502
	City State Zip Code Bryan TX 77802	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Marr Eye Center Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Stephen Martin	Date of Receipt MM / DD / YYYY 10 / 16 / 2007
	Mailing Address PO Box 785	Transaction ID: 71017.C2488
	City State Zip Code Presque Isle ME 04769-0785	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Self Employed Occupation MD, PhD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	2200.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 25 / 51
(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

A. Full Name (Last, First, Middle Initial)
 Samuel Masket

Mailing Address 2080 Century Park East
 Suite 911

City State Zip Code
 Los Angeles CA 90067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Advanced Vision Care MD

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 0.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 24 / 2007

Transaction ID: 80130.C2584

Amount of Each Receipt this Period
 -500.00

Receipt

B. Full Name (Last, First, Middle Initial)
 Samuel Masket

Mailing Address 2080 Century Park East
 Suite 911

City State Zip Code
 Los Angeles CA 90067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Advanced Vision Care MD

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 27 / 2007

Transaction ID: 70829.C2382

Amount of Each Receipt this Period
 500.00

Receipt

C. Full Name (Last, First, Middle Initial)
 James McDonald

Mailing Address 3318 North Hills Blvd

City State Zip Code
 Fayetteville AR 72703-4008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 McDonald Eye Associates MD

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 26 / 2007

Transaction ID: 71003.C2391

Amount of Each Receipt this Period
 1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 51
(check only one)

<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)
Marguerite McDonald

Mailing Address 5 North Ct

City State Zip Code
Port Washington NY 11050-3401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Southern Vision Institute MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 6 / 2 0 0 7

Transaction ID: 71017.C2487

Amount of Each Receipt this Period
250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Matthew Mills

Mailing Address 350 W 6th St Ste A1

City State Zip Code
Reno NV 89503-4573

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: 71017.C2475

Amount of Each Receipt this Period
1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Ken Miselis

Mailing Address 445 W Poplar St

City State Zip Code
Stockton CA 95203-2426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Heritage Eye Associates MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 7

Transaction ID: 71012.C2469

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 51
(check only one)

<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)
Louis Nichamin

Mailing Address 50 Waterford Pk

City Brookville State PA Zip Code 15825

FEC ID number of contributing federal political committee. **C**

Name of Employer Laurel Eye Clinic Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2007

Transaction ID: 71029.C2499

Amount of Each Receipt this Period 1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Philip Niswander

Mailing Address 40 N Union Rd # 4

City Williamsville State NY Zip Code 14221-5339

FEC ID number of contributing federal political committee. **C**

Name of Employer Niswander Eye Center Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 03 / 2007

Transaction ID: 71009.C2432

Amount of Each Receipt this Period 500.00

Receipt

C.

Full Name (Last, First, Middle Initial)
James Oakman

Mailing Address Southern Eye Center
1306 Troup St

City Augusta State GA Zip Code 30904

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 09 / 27 / 2007

Transaction ID: 71003.C2399

Amount of Each Receipt this Period 200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 51
(check only one)

<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) Michael Oats		Date of Receipt MM / DD / YYYY 08 / 15 / 2007	
Mailing Address 282 Route 130 PO Box 1022		Transaction ID: 70820.C2365	
City Sandwich	State MA	Zip Code 02563-1864	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Ophthalmic Consultants of Boston	Occupation MD	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) Mark Ozog		Date of Receipt MM / DD / YYYY 10 / 29 / 2007	
Mailing Address Ozog Eye Care Center 1417 9th St So #100		Transaction ID: 71029.C2520	
City Great Falls	State MT	Zip Code 59405	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Ozog Eye Care Center	Occupation Information Requested	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) Philip Paden		Date of Receipt MM / DD / YYYY 10 / 10 / 2007	
Mailing Address 221 W Stewart Ave #110 221 Stewart Ave #110		Transaction ID: 71012.C2468	
City Medford	State OR	Zip Code 97501-3647	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Receipt	
Name of Employer Medical Eye Center, Inc.	Occupation MD	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	2300.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) Anthony Panariello		Date of Receipt MM / DD / YYYY 10 / 19 / 2007		
	Mailing Address 203 Palisade Ave		Transaction ID: 71022.C2494		
	City Jersey City	State NJ	Zip Code 07306	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Palisade Eye	Occupation Information Requested	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) George Pardos		Date of Receipt MM / DD / YYYY 09 / 27 / 2007		
	Mailing Address 55 Madison Street Ste 355		Transaction ID: 71003.C2402		
	City Denver	State CO	Zip Code 80206	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Self Employed	Occupation MD	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) Nini Patheja		Date of Receipt MM / DD / YYYY 10 / 29 / 2007		
	Mailing Address 110 Pepper Hill Way		Transaction ID: 71029.C2517		
	City Aiken	State SC	Zip Code 29801	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Aiken Ophthalmology	Occupation MD	Aggregate Year-to-Date 500.00		

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)
Rodolfo Perez

Mailing Address 1519 E Sixth St

City Weslaco State TX Zip Code 78596-6605

FEC ID number of contributing federal political committee. **C**

Name of Employer Thurmond Eye Associates Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2007

Transaction ID: 71009.C2439

Amount of Each Receipt this Period 500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Anthony Pisacano

Mailing Address 1101 Pelham Pkwy N

City Bronx State NY Zip Code 10469-5411

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Eye Surgery Associate Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2007

Transaction ID: 71003.C2428

Amount of Each Receipt this Period 1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)
John Polansky

Mailing Address 2460 Willamette St.

City Eugene State OR Zip Code 97405-3169

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 29 / 2007

Transaction ID: 71029.C2515

Amount of Each Receipt this Period 300.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 51

(check only one)

<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)

Scott Pomerantz

Mailing Address 523 Forest Ave

City State Zip Code
Paramus NJ 07652

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self Employed MD

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 0 7

Transaction ID: 71029.C2509

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Francis Price

Mailing Address 9002 N Meridian St #100

City State Zip Code
Indianapolis IN 46260-5349

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Price Vision Group MD

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

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 1 / 2 0 0 7

Transaction ID: 71003.C2418

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Marianne Price

Mailing Address 9002 N Meridian St, # 212

City State Zip Code
Indianapolis IN 46260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cornea Research Foundation PhD

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

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 0 7

Transaction ID: 80111.C2532

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 51
(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

A. Full Name (Last, First, Middle Initial)
 David Ranz
 Mailing Address 171 Heritage Park Dr
 City Murfreesboro State TN Zip Code 37129-1573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stone River Eye Center Occupation MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00
 Date of Receipt 10 / 16 / 2007
Transaction ID: 71017.C2481
 Amount of Each Receipt this Period 300.00
 Receipt

B. Full Name (Last, First, Middle Initial)
 David Robinson
 Mailing Address 18791 John J Williams Hwy
 City Rehoboth Beach State DE Zip Code 19971-9799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robinson & Cook Eye Sur. Assoc Occupation MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 10 / 08 / 2007
Transaction ID: 71009.C2452
 Amount of Each Receipt this Period 500.00
 Receipt

C. Full Name (Last, First, Middle Initial)
 Catherine Rommel
 Mailing Address Medical and Surgical Eye Care
 2128 Embassy Dr
 City Lancaster State PA Zip Code 17603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Manning and Rommel, Assoc. Occupation MD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 10 / 16 / 2007
Transaction ID: 71017.C2477
 Amount of Each Receipt this Period 250.00
 Receipt

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 51
(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

A. Full Name (Last, First, Middle Initial)
Harvey Rosenblum

Mailing Address 220 Madison Ave.

City State Zip Code
New York NY 10016-3422

FEC ID number of contributing federal political committee. **C**

Name of Employer Rosenblum Eye Centers Occupation MD

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 6 / 2 0 0 7

Transaction ID: 71017.C2482

Amount of Each Receipt this Period
 300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Steven Rosenfeld

Mailing Address 16201 S Military Trail

City State Zip Code
Delray Beach FL 33484-6503

FEC ID number of contributing federal political committee. **C**

Name of Employer Delray Eye Associates Occupation MD

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 7 / 2 0 0 7

Transaction ID: 71022.C2492

Amount of Each Receipt this Period
 200.00

Receipt

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

Mailing Address 240 N Lecanto Hwy

City State Zip Code
Lecanto FL 34461

FEC ID number of contributing federal political committee. **C**

Name of Employer West Coast Eye Institute Occupation DO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 0 / 2 0 0 7

Transaction ID: 80111.C2565

Amount of Each Receipt this Period
 200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **700.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 51
(check only one)

<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)
Ajay Sanan

Mailing Address 7396 N La Cholla Blvd

City State Zip Code
Tucson AZ 85741

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pima Eye Institute, PC MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
12 / 10 / 2007

Transaction ID: 80111.C2564

Amount of Each Receipt this Period
200.00

Receipt

B.

Full Name (Last, First, Middle Initial)
William Schenk

Mailing Address 1670 W. Main St. #100

City State Zip Code
Lebanon TN 37087-1325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lebanon Eye Associates Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
10 / 07 / 2007

Transaction ID: 71009.C2449

Amount of Each Receipt this Period
300.00

Receipt

C.

Full Name (Last, First, Middle Initial)
William Schlichtemeier

Mailing Address 13923 Gold Circle

City State Zip Code
Omaha NE 68144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cornea Associates, P.C. MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 29 / 2007

Transaction ID: 71029.C2516

Amount of Each Receipt this Period
500.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Gary Scholes		Date of Receipt
	Mailing Address 345 College St #C		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 3 / 2 0 0 7
	City	State	Zip Code
	Lacey	WA	98503
	FEC ID number of contributing federal political committee. C		Transaction ID: 71009.C2436
Name of Employer Clarus Eye Centre		Occupation MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00

B.	Full Name (Last, First, Middle Initial) Maria Scott		Date of Receipt
	Mailing Address 2002 Medical Parkway Ste 320		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 1 / 2 0 0 7
	City	State	Zip Code
	Annapolis	MD	21401
	FEC ID number of contributing federal political committee. C		Transaction ID: 71003.C2419
Name of Employer Self Employed		Occupation MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) Steven Shanbom		Date of Receipt
	Mailing Address 28747 Woodward		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 0 / 0 9 / 2 0 0 7
	City	State	Zip Code
	Berkley	MI	48072
	FEC ID number of contributing federal political committee. C		Transaction ID: 80131.C2586
Name of Employer Shanbom Eye Specialist		Occupation MD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1500.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Jack Singer		Date of Receipt MM / DD / YYYY 11 / 01 / 2007		
	Mailing Address 45 South Main St		Transaction ID: 80111.C2536		
	City Randolph	State VT	Zip Code 05060	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Singer Eye Center	Occupation MD	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Brian Smith		Date of Receipt MM / DD / YYYY 10 / 03 / 2007		
	Mailing Address 241 Meadowbrook Lane		Transaction ID: 71009.C2434		
	City Hinsdale	State IL	Zip Code 60521-5085	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Smith-Perry Eye Center	Occupation MD	Aggregate Year-to-Date 1000.00		

C.	Full Name (Last, First, Middle Initial) Alan Spigelman		Date of Receipt MM / DD / YYYY 10 / 04 / 2007		
	Mailing Address 1750 S Telegraph Rd #205		Transaction ID: 71009.C2440		
	City Bloomfield Hills	State MI	Zip Code 48302	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Grosinger & Spigelman Eye Surg	Occupation MD, FACS	Aggregate Year-to-Date 200.00		

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) Gerald Spindel	Date of Receipt MM / DD / YYYY 11 / 05 / 2007
	Mailing Address 6 Tsienneto Rd, Ste 101	Transaction ID: 80111.C2540
	City State Zip Code Derry NH 03038	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Spindel Eye Associates Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 300.00	

B.	Full Name (Last, First, Middle Initial) Shigemi Sugiki	Date of Receipt MM / DD / YYYY 10 / 04 / 2007
	Mailing Address 1380 Lusitana St Ste 714	Transaction ID: 71009.C2438
	City State Zip Code Honolulu HI 96813	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Self Employed Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 200.00	

C.	Full Name (Last, First, Middle Initial) Rashid Taher	Date of Receipt MM / DD / YYYY 10 / 12 / 2007
	Mailing Address 184 NE 168 St	Transaction ID: 71012.C2474
	City State Zip Code North Miami Beach FL 33169	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Self Employed Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date <input type="checkbox"/> 250.00	

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<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) James Tammaro		Date of Receipt MM / DD / YYYY 11 / 01 / 2007		
	Mailing Address 3021 Bentley Ct.		Transaction ID: 80111.C2531		
	City Lake Havasu City	State AZ	Zip Code 86404	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Eyes of Arizona	Occupation MD	Aggregate Year-to-Date 300.00		

B.	Full Name (Last, First, Middle Initial) Stuart Terry		Date of Receipt MM / DD / YYYY 11 / 05 / 2007		
	Mailing Address 1100 North Main Ave		Transaction ID: 80111.C2545		
	City San Antonio	State TX	Zip Code 78212	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Braverman-Terry-Oei Eye Assoc	Occupation MD	Aggregate Year-to-Date 1000.00		

C.	Full Name (Last, First, Middle Initial) Mark Volpicelli		Date of Receipt MM / DD / YYYY 10 / 29 / 2007		
	Mailing Address 1174 Castro Street Suite 100		Transaction ID: 71029.C2514		
	City Mountain View	State CA	Zip Code 94040	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Peninsula Laser Eye Medical Gr	Occupation MD	Aggregate Year-to-Date 300.00		

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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) Michael Vrabec		Date of Receipt MM / DD / YYYY 10 / 01 / 2007		
	Mailing Address 21 Park Pl.		Transaction ID: 71003.C2412		
	City Appleton	State WI	Zip Code 54914-8872	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Valley Eye Assoc.	Occupation MD	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Kevin Waltz		Date of Receipt MM / DD / YYYY 10 / 01 / 2007		
	Mailing Address 8103 Clearvista Pkwy 1st Fl		Transaction ID: 71003.C2408		
	City Indianapolis	State IN	Zip Code 46256	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Eye Surgeons of Indiana	Occupation MD, OD	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) John Waters		Date of Receipt MM / DD / YYYY 10 / 11 / 2007		
	Mailing Address 5055 W Bristol Rd		Transaction ID: 71012.C2472		
	City Flint	State MI	Zip Code 48507	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Receipt		
	Name of Employer Complete Eye Care, PC	Occupation MD	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	1800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Tay Weinman	Date of Receipt MM / DD / YYYY 10 / 01 / 2007
	Mailing Address 571 West 7th St	Transaction ID: 71003.C2414
	City State Zip Code San Pedro CA 90733	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer San Pedro Eye Care Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Daniel Welch	Date of Receipt MM / DD / YYYY 10 / 16 / 2007
	Mailing Address 407 Ave K, SE	Transaction ID: 71017.C2484
	City State Zip Code Winter Haven FL 33880-4126	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Eye Specialists of Mid-Florida Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Charles Wesley	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address 18051 River Ave Ste 101 18051 River Ave # 101	Transaction ID: 71003.C2400
	City State Zip Code Noblesville IN 46062-7093	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Lakeview Eye Physicians Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 51
(check only one)

<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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)
Dan Whipple

Mailing Address 8244 E US 36 Ste 200

City Avon State IN Zip Code 46123

FEC ID number of contributing federal political committee. **C**

Name of Employer Daniel R Whipple MD PC Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 13 / 2007

Transaction ID: 80111.C2552

Amount of Each Receipt this Period 500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Jeffrey Whitman

Mailing Address 2801 Lemmon Ave, # 400

City Dallas State TX Zip Code 75204

FEC ID number of contributing federal political committee. **C**

Name of Employer Key-Whitman Surgery Center Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 02 / 2007

Transaction ID: 71003.C2429

Amount of Each Receipt this Period 300.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Joseph Wilhelm

Mailing Address 702 W Lake Lansing Rd

City East Lansing State MI Zip Code 48823-1446

FEC ID number of contributing federal political committee. **C**

Name of Employer Michigan Eye Care Specialists Occupation MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 02 / 2007

Transaction ID: 71003.C2424

Amount of Each Receipt this Period 1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1800.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 51
(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

A. Full Name (Last, First, Middle Initial)
 Stephen Wilmarth
 Mailing Address 1830 Sierra Gardens Dr # 100
 City State Zip Code
 Roseville CA 95746
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 0 1 / 2 0 0 7
Transaction ID: 71003.C2410
 Amount of Each Receipt this Period
 500.00
 Receipt
 Name of Employer Occupation
 Wilmarth Eye and Laser Ctr MD
 FEC ID number of contributing federal political committee. **C**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

B. Full Name (Last, First, Middle Initial)
 Sandra Yeh
 Mailing Address 4920 Foxhall
 City State Zip Code
 Springfield IL 62711
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 2 / 2 0 0 7
Transaction ID: 71022.C2495
 Amount of Each Receipt this Period
 300.00
 Receipt
 Name of Employer Occupation
 Prairie Eye & LASIK Center MD
 FEC ID number of contributing federal political committee. **C**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

C. Full Name (Last, First, Middle Initial)
 Victor Yim
 Mailing Address 142 Joralemon Street, 10B
 City State Zip Code
 Brooklyn NY 11201
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 4 / 2 0 0 7
Transaction ID: 71029.C2498
 Amount of Each Receipt this Period
 300.00
 Receipt
 Name of Employer Occupation
 New York City Ophthalmology, P MD
 FEC ID number of contributing federal political committee. **C**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

SUBTOTAL of Receipts This Page (optional) ► **1100.00**
TOTAL This Period (last page this line number only) ► **58680.00**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 51
(check only one)

<input 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 checked="" 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)
Morgan Stanley

Mailing Address 8020 Towers Crescent Dr Ste 300

City State Zip Code
Vienna VA 22182-6227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1653.84

Date of Receipt
MM / DD / YYYY
07 / 31 / 2007

Transaction ID: 71012.C2465

Amount of Each Receipt this Period
253.59

Other Receipt

B.

Full Name (Last, First, Middle Initial)
Morgan Stanley

Mailing Address 8020 Towers Crescent Dr Ste 300

City State Zip Code
Vienna VA 22182-6227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1901.68

Date of Receipt
MM / DD / YYYY
08 / 31 / 2007

Transaction ID: 71012.C2466

Amount of Each Receipt this Period
247.84

Other Receipt

C.

Full Name (Last, First, Middle Initial)
Morgan Stanley

Mailing Address 8020 Towers Crescent Dr Ste 300

City State Zip Code
Vienna VA 22182-6227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2127.38

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: 71012.C2467

Amount of Each Receipt this Period
225.70

Other Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **727.13**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 51
(check only one)

<input 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 checked="" 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)
Morgan Stanley

Mailing Address 8020 Towers Crescent Dr Ste 300

City State Zip Code
Vienna VA 22182-6227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2390.74

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: 80111.C2573

Amount of Each Receipt this Period
263.36

Other Receipt

B.

Full Name (Last, First, Middle Initial)
Morgan Stanley

Mailing Address 8020 Towers Crescent Dr Ste 300

City State Zip Code
Vienna VA 22182-6227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2623.12

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: 80111.C2574

Amount of Each Receipt this Period
232.38

Other Receipt

C.

Full Name (Last, First, Middle Initial)
Morgan Stanley

Mailing Address 8020 Towers Crescent Dr Ste 300

City State Zip Code
Vienna VA 22182-6227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2866.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80111.C2575

Amount of Each Receipt this Period
242.88

Other Receipt

SUBTOTAL of Receipts This Page (optional)	▶	738.62
TOTAL This Period (last page this line number only)	▶	1465.75

**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 45 / 51

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Suntrust Bank</p> <p>Mailing Address 1445 New York Ave NW</p> <p>City Washington State DC Zip Code 20005-2134</p> <p>Purpose of Disbursement Returned Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80130.E534</p> <p>Date of Disbursement 07 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>RETURNED CONTRIBUTION</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Suntrust Bank</p> <p>Mailing Address 1445 New York Ave NW</p> <p>City Washington State DC Zip Code 20005-2134</p> <p>Purpose of Disbursement July 07-Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71017.E509</p> <p>Date of Disbursement 07 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 75.00</p> <p>JULY 07-MERCHANT FEES</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Suntrust Bank</p> <p>Mailing Address 1445 New York Ave NW</p> <p>City Washington State DC Zip Code 20005-2134</p> <p>Purpose of Disbursement Aug 07-Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 71017.E510</p> <p>Date of Disbursement 08 / 31 / 2007</p> <p>Amount of Each Disbursement this Period 404.48</p> <p>AUG 07-MERCHANT FEES</p>

SUBTOTAL of Disbursements This Page (optional)	504.48
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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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	<input type="checkbox"/> 30b

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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) Suntrust Bank <hr/> Mailing Address 1445 New York Ave NW <hr/> City Washington State DC Zip Code 20005-2134 <hr/> Purpose of Disbursement Sept 07-Merchant Fees Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 71017.E511 Date of Disbursement 09 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 75.00 <hr/> SEPT 07-MERCHANT FEES
B.	Full Name (Last, First, Middle Initial) Suntrust Bank <hr/> Mailing Address 1445 New York Ave NW <hr/> City Washington State DC Zip Code 20005-2134 <hr/> Purpose of Disbursement Oct 07-Merchant Fees Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80111.E528 Date of Disbursement 10 / 31 / 2007 <hr/> Amount of Each Disbursement this Period 315.79 <hr/> OCT 07-MERCHANT FEES
C.	Full Name (Last, First, Middle Initial) Suntrust Bank <hr/> Mailing Address 1445 New York Ave NW <hr/> City Washington State DC Zip Code 20005-2134 <hr/> Purpose of Disbursement Nov 07-Merchant Fees Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80111.E529 Date of Disbursement 11 / 30 / 2007 <hr/> Amount of Each Disbursement this Period 907.97 <hr/> NOV 07-MERCHANT FEES

SUBTOTAL of Disbursements This Page (optional) ▶

1298.76

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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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	<input type="checkbox"/>	30b

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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)

Suntrust Bank

Mailing Address 1445 New York Ave NW

City
Washington

State
DC

Zip Code
20005-2134

Purpose of Disbursement
Dec 07-Merchant Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80111.E530

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	7

Amount of Each Disbursement this Period

258.35

DEC 07-MERCHANT FEES

SUBTOTAL of Disbursements This Page (optional)

258.35

TOTAL This Period (last page this line number only)

2061.59

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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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	<input type="checkbox"/> 30b

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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) Senator Norm Coleman <hr/> Mailing Address U S SENATE 320 Hart Senate Office Building <hr/> City Washington State DC Zip Code 20510-0001 <hr/> Purpose of Disbursement R-SEN-MN Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 71029.E516 Date of Disbursement 10 / 23 / 2007 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> R-SEN-MN
B.	Full Name (Last, First, Middle Initial) Senator Susan M. Collins <hr/> Mailing Address U S SENATE 172 Russell Senate Office Building <hr/> City Washington State DC Zip Code 20510-0001 <hr/> Purpose of Disbursement 2008 PRIMARY/R-SEN MAINE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80111.E524 Date of Disbursement 12 / 14 / 2007 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 2008 PRIMARY/R-SEN MAINE
C.	Full Name (Last, First, Middle Initial) Senator John Cornyn <hr/> Mailing Address U S SENATE 517 Hart Senate Office Building <hr/> City Washington State DC Zip Code 20510-0001 <hr/> Purpose of Disbursement 2008 PRIMARY Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 71003.E506 Date of Disbursement 09 / 27 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 2008 PRIMARY

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<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	<input type="checkbox"/> 30b

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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) Grassley Committee Mailing Address Grassley Committee PO Box 1000 City Des Moines State IA Zip Code 50304- Purpose of Disbursement : VOIDED CHECK #468 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 70913.E502 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2007 Amount of Each Disbursement this Period -1000.00 : VOIDED CHECK #468
B.	Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign Mailing Address PO Box 16128 City Houston State TX Zip Code 77222-6128 Purpose of Disbursement CD-TX Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80111.E523 Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2007 Amount of Each Disbursement this Period 246.40 IN KIND: CD-TX
C.	Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign Mailing Address PO Box 16128 City Houston State TX Zip Code 77222-6128 Purpose of Disbursement GENE GREEN CD-TX Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71029.E514 Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2007 Amount of Each Disbursement this Period 50.00 IN KIND: GENE GREEN CD-TX

SUBTOTAL of Disbursements This Page (optional) ▶	-703.60
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)

<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	<input type="checkbox"/> 30b

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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) Representative Wally Herger <hr/> Mailing Address U S HOUSE OF REPRESENTATIVES 2268 Rayburn House Office Building <hr/> City Washington State DC Zip Code 20515-0001 <hr/> Purpose of Disbursement 2008 PRIMARY/R-CA Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80111.E527 Date of Disbursement 12 / 17 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 2008 PRIMARY/R-CA	
	Full Name (Last, First, Middle Initial) Charlie Melancon <hr/> Mailing Address PO Box 549 <hr/> City Napoleonville State LA Zip Code 70390- <hr/> Purpose of Disbursement 2008 PRIMARY LA-3 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80111.E522 Date of Disbursement 11 / 07 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 2008 PRIMARY LA-3
	Full Name (Last, First, Middle Initial) Senator Pat Roberts <hr/> Mailing Address U S SENATE 109 Hart Senate Office Building <hr/> City Washington State DC Zip Code 20510-0001 <hr/> Purpose of Disbursement 2008 PRIMARY R-SEN-KS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 71029.E518 Date of Disbursement 10 / 23 / 2007 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> 2008 PRIMARY R-SEN-KS

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	23296.40