

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street)

655 Beach Street

Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00196246

3. IS THIS REPORT

NEW (N) OR

X

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

X

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 (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04

01

2004

through

04

30

2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Carol Beatty

Signature of Treasurer

Electronically Filed by Carol Beatty

Date

07

15

2004

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

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: ^M04 ^Y01 ^Y2004 To: ^M04 ^Y30 ^Y2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		446169.67
(b) Cash on Hand at Beginning of Reporting Period	303371.56	
(c) Total Receipts (from Line 19)	57971.85	113656.33
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	361343.41	559826.00
7. Total Disbursements (from Line 31)	93745.09	292227.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	267598.32	267598.32
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: ^M04 ⁻01 ⁻2004 To: ^M04 ⁻30 ⁻2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	54915.00	
(ii) Unitemized	2984.16	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	57899.16	113417.91
(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)	57899.16	113417.91
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.)	72.69	238.42
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))	57971.85	113656.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57971.85	113656.33

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.....	291.34	2123.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	291.34	2123.93
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	89500.00	254500.00
24. Independent Expenditure (use Schedule E).....	0.00	27900.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	3953.75	7703.75
(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))..... ▶	3953.75	7703.75
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 ActMty (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))..	93745.09	292227.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	93745.09	292227.68

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	57899.16	113417.91
34. Total Contribution Refunds (from Line 28(d))	3953.75	7703.75
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	53945.41	105714.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	291.34	2123.93
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	291.34	2123.93

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

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

FOR LINE NUMBER: PAGE 6 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Richard Abbott		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address UCSF Beckman Vision Ctr 10 Koret Way K-301		Transaction ID: 0429200421C44503
City San Francisco	State CA	
Zip Code 94143-0001		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Ophthalmologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Gary Abrams		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 4717 Saint Antoine St Kresge Eye Institute		Transaction ID: 0429200421C44526
City Detroit	State MI	
Zip Code 48201-1423		Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Ophthalmologist	365.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. David R. Adam		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 11357 Avant Ln		Transaction ID: 0429200421C44543
City Cincinnati	State OH	
Zip Code 45249-2373		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Ophthalmologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	1115.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 60

(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)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. David Anderson		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 530 S Holmes Ave PO Box 2410		Transaction ID: 0429200421C44562
City Idaho Falls	State ID	Zip Code 83401-4751
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Andrew Antoszak		Date of Receipt M / D / Y 04 / 07 / 2004
Mailing Address 5911 Laurium Rd		Transaction ID: 0412200435C44443
City Charlotte	State NC	Zip Code 28226-5615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Everton Arntzell		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 9107 Brentmeade Blvd		Transaction ID: 0429200421C44546
City Brentwood	State TN	Zip Code 37027-6525
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	▶	1365.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 8 / 60

(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)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Steven Amer		Date of Receipt M / D / Y 04 / 28 / 2004	
Mailing Address 193 Viscount Dr		Transaction ID: 0429200421C44530	
City Williamsville	State NY	Zip Code 14221-1771	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00		

Full Name (Last, First, Middle Initial) B. John Barber		Date of Receipt M / D / Y 04 / 28 / 2004	
Mailing Address 4815 Liberty Ave Ste M25 West Penn Allegheny Eye Assoc		Transaction ID: 72UENPI5ISWDX	
City Pittsburgh	State PA	Zip Code 15224-2156	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist	PACWEB GENERATED CONTRIBUTION	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Laurie Gray Barber		Date of Receipt M / D / Y 04 / 28 / 2004	
Mailing Address UAMS Dept Ophtha 4301 W Markham Slot 523		Transaction ID: 0429200421C44504	
City Little Rock	State AR	Zip Code 72205	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 60

(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)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Norbert Mathias Becker		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 302 Randall Rd Ste 10		Transaction ID: 0429200421C44461
City Geneva	State IL	Zip Code 60134-4209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Michael Belin		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 7 Old English Rd		Transaction ID: 0429200421C44476
City Slingerlands	State NY	Zip Code 12159-3634
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Janet Batchkel		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 1820 Barrs St Dillon Bldg Ste 134		Transaction ID: 0429200421C44479
City Jacksonville	State FL	Zip Code 32204-4742
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 60

(check only one)

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13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Michael Bloomer		Date of Receipt M / D / Y Y Y Y 04 / 06 / 2004	
Mailing Address 2855 Gramercy St Houston Eye Associates		Transaction ID: 0412200435C44430	
City State Zip Code Houston TX 77025-1635	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. C			
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) B. Paul Brailsford		Date of Receipt M / D / Y Y Y Y 04 / 06 / 2004	
Mailing Address 801 N Tustin Ave Ste 303		Transaction ID: 0412200435C44431	
City State Zip Code Santa Ana CA 92705-3612	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) C. Michael Brennan		Date of Receipt M / D / Y Y Y Y 04 / 20 / 2004	
Mailing Address 1214 Vaughn Rd		Transaction ID: 0429200421C44475	
City State Zip Code Burlington NC 27217-2863	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 365.00		

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

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Andrew Calman		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 3201 Mission St		Transaction ID: 0429200421C44455
City San Francisco	State CA	Zip Code 94110-5006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Craig Cassidy		Date of Receipt M / D / Y 04 / 08 / 2004
Mailing Address 7485 E San Miguel Ave		Transaction ID: 0412200435C44437
City Scottsdale	State AZ	Zip Code 85250-6465
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Mark Chu		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 808 Dr Martin Luther King Ave NE		Transaction ID: 0429200421C44489
City Albuquerque	State NM	Zip Code 87102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 60

(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)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Donald Cinotti		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 800 Pavonia Ave Sixth Floor		Transaction ID: 0429200421C44521
City Jersey City	State NJ	Zip Code 07306-2829
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. S. William Clark		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 502 Isabella St		Transaction ID: 0429200421C44508
City Waycross	State GA	Zip Code 31501-3638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	1000.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Mary Louise Collins		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 6569 N Charles St Ste 5D5 Gter Balt MC Pavillion W		Transaction ID: 1FDW/SKV/PJX9147
City Baltimore	State MD	Zip Code 21204-5809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Raymond Croissant		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 8533 Drew Ave S		Transaction ID: 0429200421C44506
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 self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	365.00

Full Name (Last, First, Middle Initial) B. James Criley		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 813 del Prado Blvd S		Transaction ID: 0429200421C44523
City Cape Coral	State FL	Zip Code 33906-2611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	500.00

Full Name (Last, First, Middle Initial) C. Susan Day		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 2340 Clay St Ste 100		Transaction ID: 0429200421C44564
City San Francisco	State CA	Zip Code 94115-1532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1250.00

SUBTOTAL of Receipts This Page (optional)	▶	2115.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. David Demarini		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 122 La Casa Via Ste 221		Transaction ID: 051320045C44566
City Walnut Creek	State CA	Zip Code 94598-3014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Peler Dieckhsen		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address PO Box 1275 Eye Physicians PC		Transaction ID: 0428200421C44561
City Columbus	State NE	Zip Code 68902-1275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. William Ehlers		Date of Receipt M / D / Y 04 / 21 / 2004
Mailing Address 125 Secret Lake Rd		Transaction ID: 1H1QZYHLGLVT9C
City Avon	State CT	Zip Code 06001-5465
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	915.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. K. David Epley		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 1101 Madison St Ste 600 Eye Associates NW		Transaction ID: 0429200421C44452
City Seattle	State WA	Zip Code 98104-3501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. James Falch		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 117 Abbotsford		Transaction ID: 0429200421C44454
City Nashville	State TN	Zip Code 37215-2439
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Thomas Carl Fenzl		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 3519 Friendsville Rd		Transaction ID: 0429200421C44483
City Wooster	State OH	Zip Code 44691-1241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts TN's Page (optional)	1050.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 16 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. James Fleming		Date of Receipt M / D / Y Y Y Y 04 / 07 / 2004	
Mailing Address 7945 Wolf River Blvd Ste 240		Transaction ID: 0412200435C44444	
City Germantown	State TN	Zip Code 38138-1733	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) B. Laura Fox		Date of Receipt M / D / Y Y Y Y 04 / 28 / 2004	
Mailing Address 416 N Bedford Dr Ste 300		Transaction ID: 0428200421C44544	
City Beverly Hills	State CA	Zip Code 90210-4309	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		
Full Name (Last, First, Middle Initial) C. Richard Freeman		Date of Receipt M / D / Y Y Y Y 04 / 28 / 2004	
Mailing Address 144 Genesee St Ste 502		Transaction ID: 0428200421C44550	
City Auburn	State NY	Zip Code 13021-3503	Amount of Each Receipt this Period 385.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00		

SUBTOTAL of Receipts TN's Page (optional) ► **1985.00**

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

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

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

FOR LINE NUMBER: PAGE 17 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Rafael Galardo		Date of Receipt M / D / Y 04 / 26 / 2004
Mailing Address PD Box 36215B		Transaction ID: 0429200421C44489
City San Juan	State PR	Zip Code 00806-2158
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David George		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 418 Grand Park Dr Ste 315		Transaction ID: 0429200421C44450
City Parkersburg	State WV	Zip Code 26105-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ram Goel		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 741 Route 7D W		Transaction ID: 0429200421C44488
City Cherry Hill	State NJ	Zip Code 08002-3527
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 60

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. James Gordon		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 1428 Cobble Scott Way		Transaction ID: 0429200421C44537
City Chesapeake	State VA	Zip Code 23322-2262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Robert Graham		Date of Receipt M / D / Y 04 / 08 / 2004
Mailing Address 1021 W Armitage Ave		Transaction ID: 0412200435C44424
City Chicago	State IL	Zip Code 60614-4123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Erih Bryan Groos		Date of Receipt M / D / Y 04 / 08 / 2004
Mailing Address 2011 Murphy Ave Ste 602 Comes Consultants of Nashville		Transaction ID: 0412200435C44432
City Nashville	State TN	Zip Code 37203-2023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	750.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 18 / 60

(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)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Richard Grostern		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 3424 N Leavitt St		Transaction ID: 0429200421C44524
City Chicago	State IL	Zip Code 60618-6014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. John Hagen		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 9401 N Oak Trfy Ste 200 Discover Vision Ctrs		Transaction ID: 7419XN1WKSWD5
City Kansas City	State MO	Zip Code 64155-3393
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

PACWEB GENERATED CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Barrett Hale		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address Univ of Tennessee/Ophth Dept 956 Court Ave Rm D-228		Transaction ID: 0429200421C44477
City Memphis	State TN	Zip Code 38163-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 385.00
Name of Employer self	Occupation Ophthalmologist	385.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts TN's Page (optional)	▶	1385.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. John Haley		Date of Receipt M / D / Y 04 / 06 / 2004
Mailing Address 1626 Forest Ln S Ste B Garland Ophthalmology Center		Transaction ID: 0412200435C44421
City Garland	State Zip Code TX 75042-7843	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	750.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Bryan Hammer		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 1200 S Euclid Ave Ste 104		Transaction ID: 0428200421C44513
City Sioux Falls	State Zip Code SD 57105-7703	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Cynthia Hampton		Date of Receipt M / D / Y 04 / 06 / 2004
Mailing Address 451 Ruin Creek Rd Ste 204		Transaction ID: 0412200435C44423
City Henderson	State Zip Code NC 27538-2878	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer self	Occupation Ophthalmologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	875.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 21 / 60

(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)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Frank Hannah		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 1622 E Marion St Eye Surgery Center		Transaction ID: 0429200421C44517
City Shelby	State NC	Zip Code 28150-4839
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Paul Henry		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 2420 N Common Dr		Transaction ID: 0429200421C44463
City Fayetteville	State AR	Zip Code 72703-3567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Hertz		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 79 Wawacus St		Transaction ID: 0429200421C44471
City Norwich	State CT	Zip Code 06360-2160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	▶	1230.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 60

(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)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Dale Heuer		Date of Receipt M / D / Y 04 / 06 / 2004
Mailing Address 925 N 87th St The Eye Institute		Transaction ID: 0412200435C44426
City Milwaukee	State WI	
Zip Code 53226-4812	Amount of Each Receipt this Period 125.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. H. Dunbar Hoskins		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 855 Beach St		Transaction ID: 0428200421C44453
City San Francisco	State CA	
Zip Code 94109-1342	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Allan Jensen		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 200 E 33rd St Ste 428		Transaction ID: 0428200421C44447
City Baltimore	State MD	
Zip Code 21218-5322	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1625.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 23 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Peter Jensen		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 1815 12th Ave Rd		Transaction ID: 051320045C44569
City Nampa	State ID	Zip Code 83686-7713
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David Johnson		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 1721 E 19th Ave Ste 550		Transaction ID: 0428200421C44562
City Denver	State CO	Zip Code 80218-1243
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Eric Johnson		Date of Receipt M / D / Y 04 / 07 / 2004
Mailing Address 288 Warren St		Transaction ID: D412200435C44442
City Brookline	State MA	Zip Code 02445-5527
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 60

(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
	13		14		15		16										

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

Full Name (Last, First, Middle Initial) A. Randolph Johnston		Date of Receipt M / D / Y 04 / 06 / 2004
Mailing Address 1300 E 20th St Cheyenne Eye Clinic		Transaction ID: 0412200435C44427
City Cheyenne	State WY	Zip Code 82001-4021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 625.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 2500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Diane Jean Kraus		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address PO Box 4142		Transaction ID: 0429200421C44478
City Kingston	State NY	Zip Code 12402-4142
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ralph Lanciano		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 7703 Maple Ave Lanciano Professional Center		Transaction ID: 0429200421C44527
City Pennsauken	State NJ	Zip Code 08109-5374
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	2125.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 25 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Stephen Lane		Date of Receipt M / D / Y Y Y Y 04 / 07 / 2004
Mailing Address 280 Smith Ave N Ste 840		Transaction ID: 0412200435C44440
City Saint Paul	State MN	Zip Code 55102-2424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Scott Linsbom		Date of Receipt M / D / Y Y Y Y 04 / 15 / 2004
Mailing Address 10228 Stewart Dr		Transaction ID: 0428200421C44457
City Eagle River	State AK	Zip Code 99577-9509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Eric Lindstrom		Date of Receipt M / D / Y Y Y Y 04 / 28 / 2004
Mailing Address PO Box 407 1020 Adams St		Transaction ID: 0428200421C444541
City Laurel	State MS	Zip Code 39441-0407
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

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

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

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

FOR LINE NUMBER: PAGE 26 / 60

(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)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Joseph LaCascio		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 288D 3rd Ave Ste 20 St Mary's Outpatient Ctr		Transaction ID: 0429200421C44501
City Huntington	State WV	Zip Code 25702-1452
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Jimmie Magie		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 924 Main St Magie Eye Clinic		Transaction ID: 051320045C44572
City Conway	State AR	Zip Code 72032-5424
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Stephen Magie		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 9800 Lila Dr Ste 5D1		Transaction ID: 051320045C44571
City Little Rock	State AR	Zip Code 72205-6229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2365.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 27 / 60

(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)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Rudy Mamhei		Date of Receipt M / D / Y 04 / 28 / 2004	
Mailing Address 259B Windmill Pkwy		Transaction ID: 0429200421C44536	
City Henderson	State NV	Zip Code 89074-5476	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mark Christophe Maria		Date of Receipt M / D / Y 04 / 28 / 2004	
Mailing Address 150 Quail Ln		Transaction ID: 0429200421C44484	
City Lebanon	State PA	Zip Code 17042-9403	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Stephanie Jones Maroneaux		Date of Receipt M / D / Y 04 / 28 / 2004	
Mailing Address Suite 108 300 Med Pkwy		Transaction ID: 0429200421C44505	
City Chesapeake	State VA	Zip Code 23320	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	1615.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Alfred Marano		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 344D Lomita Blvd Suite 451		Transaction ID: 0429200421C44456
City Torrance	State CA	
Zip Code 90505-4801		Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Malcolm Mazow		Date of Receipt M / D / Y 04 / 06 / 2004
Mailing Address 2855 Gramercy St		Transaction ID: 0412200435C44439
City Houston	State TX	
Zip Code 77025-1635		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert McKinley		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 1303 Goldsmith Dr		Transaction ID: 0429200421C44465
City Westerville	State OH	
Zip Code 43081-4517		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	915.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Rickey Dene Medlock		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 9800 Lile Dr Ste 500		Transaction ID: 0429200421C44460
City Little Rock	State AR	Zip Code 72205-6243
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. James Merrill		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 8230 Walnut Hill Ln Ste 508		Transaction ID: 051320045C44568
City Dallas	State TX	Zip Code 75231-4482
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Michael Edward Migliori		Date of Receipt M / D / Y 04 / 06 / 2004
Mailing Address 690 Eddy St		Transaction ID: D412200435C44433
City Providence	State RI	Zip Code 02903-4528
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1115.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 30 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Mariannette Miller-Meeks		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 1005 Pennsylvania Ave Ste 110 Heartland Eye Care		Transaction ID: 0429200421C44547
City Ottumwa	State IA	Zip Code 52501-6414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Lyles Magk		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 29200 Schoolcraft Rd Henry Ford Visual Rehab & Res Ctr		Transaction ID: 0429200421C44538
City Livonia	State MI	Zip Code 48150-2228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Best Morgan		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 4324 York Rd Suite 100		Transaction ID: 0429200421C44502
City Baltimore	State MD	Zip Code 21212-4848
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Christie Morse		Date of Receipt M / D / Y 04 / 28 / 2004	
Mailing Address 248 Pleasant St Ste 1800 Concord Eye Care, PC		Transaction ID: 0429200421C44510	
City Concord	State NH	Zip Code 03301-2588	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼	500.00	
Full Name (Last, First, Middle Initial) B. Kenneth Musson		Date of Receipt M / D / Y 04 / 28 / 2004	
Mailing Address 929 Business Park Dr		Transaction ID: 0429200421C44512	
City Traverse City	State MI	Zip Code 49686-8683	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼	365.00	
Full Name (Last, First, Middle Initial) C. George Nardin		Date of Receipt M / D / Y 04 / 28 / 2004	
Mailing Address 407 Uluniu St Ste 214		Transaction ID: 0429200421C44511	
City Kailua	State HI	Zip Code 96734-2519	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼	250.00	

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 60

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Emanuel Newmark		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 1920 Palm Beach Lakes Blvd Ste 215		Transaction ID: 0429200421C44519
City West Palm Beach	State FL	Zip Code 33409-3506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Peter Nussbaum		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 22 Old Short Hills Rd Ste 1D4		Transaction ID: 0429200421C44516
City Livingston	State NJ	Zip Code 07039-5605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Parke		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 608 Stanton L Young Blvd Dean A McGee Eye Inst		Transaction ID: 0429200421C44488
City Oklahoma City	State OK	Zip Code 73104-5014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1115.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 33 / 60

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Andrew Prince		Date of Receipt M / D / Y Y Y Y 04 / 28 / 2004
Mailing Address 178 E 71st St		Transaction ID: 0429200421C44500
City New York	State NY	Zip Code 10021-5119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Jean Ramsey		Date of Receipt M / D / Y Y Y Y 04 / 28 / 2004
Mailing Address 850 Harrison Ave Fl 2 Boston Medical Center; ACC		Transaction ID: 0429200421C44560
City Boston	State MA	Zip Code 02118-4001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Michael Redmond		Date of Receipt M / D / Y Y Y Y 04 / 15 / 2004
Mailing Address 8333 N Davis Hwy		Transaction ID: 0429200421C44459
City Pensacola	State FL	Zip Code 32514-6050
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

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

FOR LINE NUMBER: PAGE 34 / 60

(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)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. William Rich		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 8231 Leesburg Pike Ste 608		Transaction ID: 0429200421C44553
City Falls Church	State VA	Zip Code 22044-2102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) B. John Denis Roarty		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 3901 Beaubien St Childrens Hosp-Dept of Dphthal		Transaction ID: 0429200421C44470
City Detroit	State MI	Zip Code 48201-2119
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Joy Dixon Robinson		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address PO Box 8169		Transaction ID: 0429200421C44454
City Hampton	State VA	Zip Code 23668-8169
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 35 / 60

(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)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. James Rank		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 5511 E 89th Ct		Transaction ID: 0429200421C44525
City Tulsa	State OK	Zip Code 74137-3581
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. F. Hampton Roy		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 5800 W 10th St Ste 205		Transaction ID: 0429200421C44558
City Little Rock	State AR	Zip Code 72204-1755
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Christanne Schoedel		Date of Receipt M / D / Y 04 / 08 / 2004
Mailing Address 380 Saint Charles Way		Transaction ID: 0412200435C44422
City York	State PA	Zip Code 17402-4847
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 375.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 375.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1175.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 36 / 60

(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)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Linda Schumacher-Feero		Date of Receipt M / D / Y 04 / 06 / 2004
Mailing Address 227 Eastern Ave Atlee-Gleaton Eye Care		Transaction ID: 0412200435C44425
City Augusta	State Zip Code ME 04330-5851	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer self	Occupation Ophthalmologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Gary Schwartz		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 9105 Edinburgh Ln		Transaction ID: 0429200421C44448
City Saint Paul	State Zip Code MN 55125-9191	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Susan Sent		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 75-1028 Henry St Ste 200 Crossroads Medical Centre		Transaction ID: 0429200421C44518
City Kailua Kona	State Zip Code HI 96740-1679	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	365.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	740.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. James Shreck		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 1307 S Willow St		Transaction ID: 0429200421C44451
City North Platte	State NE	Zip Code 69101-6011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Richard Shugerman		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 400 N Flagler Dr Apt 1001		Transaction ID: 0429200421C44454
City West Palm Beach	State FL	Zip Code 33401-4304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. David Shulman		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 999 E Basse Rd Sta 127		Transaction ID: 0429200421C44485
City San Antonio	State TX	Zip Code 78209-1802
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 60

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ronald Smith		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 1450 San Pablo St Ste 5708 Doheny Eye Institute Dept Ophth		Transaction ID: 0429200421C44462
City Los Angeles	State CA	Zip Code 90033-4529
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	365.00

Full Name (Last, First, Middle Initial) B. Shannon Lea Smith		Date of Receipt M / D / Y 04 / 06 / 2004
Mailing Address Glaucoma Consultants of East TX 3000 N Univ Dr Ste A		Transaction ID: 0412200435C44464
City Nacogdoches	State TX	Zip Code 75865
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	750.00

Full Name (Last, First, Middle Initial) C. Robert Spurry		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 525 N 18th St St Luke's Hosp/Suite 502		Transaction ID: 0429200421C44464
City Phoenix	State AZ	Zip Code 85008-4102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	365.00

SUBTOTAL of Receipts TNs Page (optional)	▶	980.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 60

(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)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Paul Stenberg		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address Vanderbilt Univ MC Dept Ophth & Vi 8030 Medical Center East		Transaction ID: 73FVPIPVJSWDS
City Nashville	State TN	Zip Code 37232-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	PACWEB GENERATED CONTRIBUTION
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Scott Howard Strickler		Date of Receipt M / D / Y 04 / 20 / 2004
Mailing Address 418 Grand Park Dr Ste 315		Transaction ID: 0428200421C44460
City Parkersburg	State WV	Zip Code 26105-4000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Thomas Strinden		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 737 Broadway		Transaction ID: 0428200421C44555
City Fargo	State ND	Zip Code 58123-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts TN's Page (optional)	▶	1665.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 40 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Howard Tessler		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 48 S Greenleaf St		Transaction ID: 0429200421C44556
City Gurnee	State IL	Zip Code 60031-3300
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Steven Thomquist		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 25 Oak Ridge Dr		Transaction ID: 0429200421C44514
City Bethany	State CT	Zip Code 06524-3117
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Lyta Thorstenson		Date of Receipt M / D / Y 04 / 06 / 2004
Mailing Address PO Box 632020		Transaction ID: D412200435C44435
City Nacogdoches	State TX	Zip Code 75563-2020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	915.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 41 / 60

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Robert Trent		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 319D Churn Creek Rd		Transaction ID: 0429200421C44449
City	State	Zip Code
Redding	CA	96002-2122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation	Aggregate Year-to-Date ▼
	Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) B. Linda Taxi		Date of Receipt M / D / Y 04 / 21 / 2004
Mailing Address 116D Dautel Ln		Transaction ID: P2G5QQHYZQ1X
City	State	Zip Code
Saint Louis	MO	63146-5506
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation	Aggregate Year-to-Date ▼
	Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	250.00	

PACWEB GENERATED CONTRIBUTION

Full Name (Last, First, Middle Initial) C. Kenneth Tuck		Date of Receipt M / D / Y 04 / 30 / 2004
Mailing Address 332D Franklin Rd SW		Transaction ID: D51320045C4457D
City	State	Zip Code
Roanoke	VA	24014-1310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation	Aggregate Year-to-Date ▼
	Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	1000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Scott Utley		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 133B Spencer Rd W		Transaction ID: 0429200421C44542
City Saint Paul	State MN	Zip Code 55108-5206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. William Francis Varr		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 390 Toll Gate Rd Ste 103		Transaction ID: 0429200421C44534
City Warwick	State RI	Zip Code 02886-4326
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ann Wam		Date of Receipt M / D / Y 04 / 21 / 2004
Mailing Address 3201 W Gore Blvd Ste 105 Dean A McGee Eye Inst		Transaction ID: 151QZYHMLJ3JAMA
City Lawton	State OK	Zip Code 73506-6350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	1265.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 43 / 60

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Peter Whitted		Date of Receipt M / D / Y 04 / 28 / 2004
Mailing Address 4353 Dodge St Midwest Eye Care		Transaction ID: 0429200421C44563
City Omaha	State NE	Zip Code 68131-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Ruth Williams		Date of Receipt M / D / Y 04 / 15 / 2004
Mailing Address 2015 N Main St Wheaton Eye Clinic		Transaction ID: 0429200421C44458
City Wheaton	State IL	Zip Code 60187-3152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Matthew Yeomans		Date of Receipt M / D / Y 04 / 06 / 2004
Mailing Address 1287 Silverwood Dr		Transaction ID: 0412200435C44436
City Okemos	State MI	Zip Code 48864-5053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
TOTAL This Period (last page this line number only)	▶	54915.00

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

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

FOR LINE NUMBER: PAGE 44 / 60

(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Union Bank		Date of Receipt
Mailing Address 400 California Street		04 / 30 / 2004
City	State	Zip Code
San Francisco	CA	94104
FEC ID number of contributing federal political committee.		Transaction ID: 0518200416C44651
C		Amount of Each Receipt this Period
		54.69
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	220.42	

SUBTOTAL of Receipts This Page (optional)	▶	54.69
TOTAL This Period (last page this line number only)	▶	54.69

**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 / 60

<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
	27		28a		28b		28c		29		30b

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

Full Name (Last, First, Middle Initial)

A. Union Bank

Mailing Address 400 California Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
General

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District

Category/
Type

Transaction ID: D5182D0417E37B2

Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

274.34

SUBTOTAL of Disbursements This Page (optional) ▶

274.34

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

274.34

**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 46 / 60

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. A Lot of People Supporting Tom Daschle Inc		Transaction ID: D429200421E3733 Date of Disbursement 04 / 23 / 2004	
Mailing Address PO Box 1656		Amount of Each Disbursement this Period 2500.00	
City Sioux Falls	State SD	Zip Code 57101	Category/ Type
Purpose of Disbursement Primary			
Candidate Name Daschle Thomas			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: SD District: D0			

Full Name (Last, First, Middle Initial) B. Bass Victory Committee		Transaction ID: D429200421E3728 Date of Disbursement 04 / 23 / 2004	
Mailing Address PO Box 3451 PO Box 3451		Amount of Each Disbursement this Period 1000.00	
City Concord	State NH	Zip Code 03302	Category/ Type
Purpose of Disbursement Primary			
Candidate Name Bass Charles			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NH District: D2			

Full Name (Last, First, Middle Initial) C. Charles A Gonzalez Congressional Campaign		Transaction ID: D405200454E3710 Date of Disbursement 04 / 02 / 2004	
Mailing Address PO Box 12612		Amount of Each Disbursement this Period 1000.00	
City San Antonio	State TX	Zip Code 78212	Category/ Type
Purpose of Disbursement General			
Candidate Name Gonzalez Charles			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: TX District: 20			

SUBTOTAL of Disbursements This Page (optional) ► **4500.00**

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)

PAGE 47 / 60

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Christopher Cox Congressional Committee		Transaction ID: D429200421E3734 Date of Disbursement 04 / 23 / 2004	
Mailing Address PO Box 8088 Pmb-C		Amount of Each Disbursement this Period 1000.00	
City Newport Beach State CA Zip Code 92660	Purpose of Disbursement General	Category/ Type	
Candidate Name Cox Christopher	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Christopher Shays for Congress Committee		Transaction ID: D429200421E3726 Date of Disbursement 04 / 23 / 2004	
Mailing Address 98 East Avenue Rear Building 98 East Avenue Rear Building		Amount of Each Disbursement this Period 1000.00	
City Norwalk State CT Zip Code 06851	Purpose of Disbursement Primary	Category/ Type	
Candidate Name Shays Christopher	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: D4	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Committe To Re-Elect Ed Towns		Transaction ID: D429200421E3790 Date of Disbursement 04 / 23 / 2004	
Mailing Address 438 Lewis Avenue		Amount of Each Disbursement this Period 1000.00	
City Brooklyn State NY Zip Code 11233	Purpose of Disbursement Primary	Category/ Type	
Candidate Name Towns Edolphus	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 48 / 60

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)
A. Committee for the Preservation of Capitalism (CPC), the

Mailing Address PO Box 65314

City Washington State DC Zip Code 20036

Purpose of Disbursement
Primary

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: D429200421E3737
Date of Disbursement
04 / 23 / 2004

Amount of Each Disbursement this Period
5000.00

Category/
Type

Full Name (Last, First, Middle Initial)
B. Congressman Joe Barton Committee, the

Mailing Address PO Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
General

Candidate Name
Barton Joe

Office Sought: House Senate President Disbursement For: 2004 Primary General Other (specify) ▼

State: TX District D6

Transaction ID: D429200421E3717
Date of Disbursement
04 / 19 / 2004

Amount of Each Disbursement this Period
2500.00

Category/
Type

Full Name (Last, First, Middle Initial)
C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capital Street Southeast
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
General

Candidate Name

Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼

State: District

Transaction ID: D429200421E3720
Date of Disbursement
04 / 19 / 2004

Amount of Each Disbursement this Period
5000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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)

PAGE 49 / 60

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Democratic National Internet Committee Federal		Transaction ID: D429200421E3718 Date of Disbursement 04 / 19 / 2004	
Mailing Address 65 Harristown Road		Amount of Each Disbursement this Period 5000.00	
City Glen Rock	State NJ	Zip Code 07452-3315	Category/ Type
Purpose of Disbursement General			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) B. Democratic Senatorial Campaign Committee		Transaction ID: D429200421E3718 Date of Disbursement 04 / 19 / 2004	
Mailing Address 120 Maryland Avenue Northeast		Amount of Each Disbursement this Period 5000.00	
City Washington	State DC	Zip Code 20002	Category/ Type
Purpose of Disbursement General			
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) C. Friends for Harry Reid		Transaction ID: D405200454E3700 Date of Disbursement 04 / 02 / 2004	
Mailing Address PO Box 85223		Amount of Each Disbursement this Period 2500.00	
City Las Vegas	State NV	Zip Code 89185	Category/ Type
Purpose of Disbursement Primary			
Candidate Name Reid Harry			
Office Sought: House X Senate President	Disbursement For: 2004 X Primary General Other (specify) ▼		
State: NV District 00			

SUBTOTAL of Disbursements This Page (optional) ► **12500.00**

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)

PAGE 50 / 60

<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)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Friends of Chris Dodd (1992)		Transaction ID: D405200454E3696 Date of Disbursement 04 / 02 / 2004	
Mailing Address PO Box 331133		Amount of Each Disbursement this Period 1000.00	
City West Hartford State CT Zip Code 06133-1133	Purpose of Disbursement Primary	Category/ Type	
Candidate Name Dodd Christopher	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: D0			

Full Name (Last, First, Middle Initial) B. Friends of Jane Harman		Transaction ID: D429200421E3716 Date of Disbursement 04 / 19 / 2004	
Mailing Address PO Box 96		Amount of Each Disbursement this Period 1000.00	
City Torrance State CA Zip Code 00507	Purpose of Disbursement General	Category/ Type	
Candidate Name Harman Jane	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 36			

Full Name (Last, First, Middle Initial) C. Friends of John Tanner		Transaction ID: D429200421E3731 Date of Disbursement 04 / 23 / 2004	
Mailing Address Post Office Box 1994 Post Office Box 1994		Amount of Each Disbursement this Period 1000.00	
City Union City State TN Zip Code 38281	Purpose of Disbursement Primary	Category/ Type	
Candidate Name Tanner John	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08			

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 / 60

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Friends of Senator Rockefeller		Transaction ID: D405200454E37D1 Date of Disbursement 04 / 02 / 2004	
Mailing Address PO Box 1909		Amount of Each Disbursement this Period 1000.00	
City Charleston State WV Zip Code 25327	Purpose of Disbursement Primary	Category/ Type	
Candidate Name Rockefeller John	Office Sought: House X Senate President		
Disbursement For: 2004 X Primary General Other (specify) ▼	State: WV District: D0		

Full Name (Last, First, Middle Initial) B. Georgians for Isakson		Transaction ID: D429200421E3715 Date of Disbursement 04 / 19 / 2004	
Mailing Address 6000 Lake Forrest Drive #108		Amount of Each Disbursement this Period 2000.00	
City Atlanta State GA Zip Code 30328	Purpose of Disbursement Primary	Category/ Type	
Candidate Name Isakson Johnny	Office Sought: House X Senate President		
Disbursement For: 2004 X Primary General Other (specify) ▼	State: GA District: D0		

Full Name (Last, First, Middle Initial) C. Grassley Committee		Transaction ID: D405200454E3698 Date of Disbursement 04 / 02 / 2004	
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 1000.00	
City Des Moines State IA Zip Code 50304	Purpose of Disbursement Primary	Category/ Type	
Candidate Name Grassley Charles	Office Sought: House X Senate President		
Disbursement For: 2004 X Primary General Other (specify) ▼	State: IA District: D0		

SUBTOTAL of Disbursements This Page (optional) ▶ **4000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 52 / 60

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Grassley Committee		Transaction ID: D405200454E37D7 Date of Disbursement 04 / 02 / 2004	
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 1500.00	
City Des Moines State IA Zip Code 50304	Purpose of Disbursement General	Category/ Type	
Candidate Name Grassley Charles			
Office Sought: House X Senate President State: IA District: D0	Disbursement For: 2004 Primary X General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Hooley for Congress		Transaction ID: D503200445E3756 Date of Disbursement 04 / 30 / 2004	
Mailing Address PO Box 2050		Amount of Each Disbursement this Period 1000.00	
City Salem State OR Zip Code 97308	Purpose of Disbursement Primary	Category/ Type	
Candidate Name Hooley Darlene			
Office Sought: X House Senate President State: OR District: D5	Disbursement For: 2004 X Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Hoosiers Supporting Buyer for Congress		Transaction ID: D429200421E3727 Date of Disbursement 04 / 23 / 2004	
Mailing Address 200 North Main St PO Box 712 200 North Main St PO Box 712		Amount of Each Disbursement this Period 1000.00	
City Manticella State IN Zip Code 47980	Purpose of Disbursement Primary	Category/ Type	
Candidate Name Buyer Stephen			
Office Sought: X House Senate President State: IN District: D4	Disbursement For: 2004 X Primary General Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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)

PAGE 53 / 60

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)
A. Hoyer for Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement
General

Candidate Name
Hoyer Steny

Office Sought: House Senate President
State: MD District D5

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D405200454E37D9
Date of Disbursement
04 / 02 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Ileana Ros-Lehtinen for Congress - 1992

Mailing Address PO Box 522784

City Miami State FL Zip Code 33152-4340

Purpose of Disbursement
Primary

Candidate Name
Ros-Lehtinen Ileana

Office Sought: House Senate President
State: FL District 18

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: D503200445E3752
Date of Disbursement
04 / 30 / 2004

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Jd Hayworth for Congress

Mailing Address 14300 N. Northsight Blvd. #105

City Scottsdale State AZ Zip Code 85280

Purpose of Disbursement
Primary

Candidate Name
Hayworth J.

Office Sought: House Senate President
State: AZ District 05

Disbursement For: 2004
 Primary General
Other (specify) ▼

Category/
Type

Transaction ID: 0429200421E3725
Date of Disbursement
04 / 29 / 2004

Amount of Each Disbursement this Period
1000.00

SUBTOTAL of Disbursements This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 54 / 60

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Jeff Miller for Congress		Transaction ID: D503200445E3751 Date of Disbursement 04 / 30 / 2004	
Mailing Address PO Box 126		Amount of Each Disbursement this Period 2500.00	
City Pensacola State FL Zip Code 32501	Purpose of Disbursement Primary	Category/ Type	
Candidate Name Miller Jefferson		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: D1		

Full Name (Last, First, Middle Initial) B. Jefferson Committee, the		Transaction ID: D405200454E3698 Date of Disbursement 04 / 02 / 2004	
Mailing Address 650 Poydras Street Suite 2245		Amount of Each Disbursement this Period 1000.00	
City New Orleans State LA Zip Code 70130	Purpose of Disbursement Primary	Category/ Type	
Candidate Name Jefferson William		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: LA District: D2		

Full Name (Last, First, Middle Initial) C. Keller for Congress		Transaction ID: D405200454E3697 Date of Disbursement 04 / 02 / 2004	
Mailing Address PO Box 1453		Amount of Each Disbursement this Period 1000.00	
City Orlando State FL Zip Code 32802	Purpose of Disbursement Primary	Category/ Type	
Candidate Name Keller Ric		Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: D8		

SUBTOTAL of Disbursements This Page (optional) ► **4500.00**

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)

PAGE 55 / 60

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Lisa Murkowski - U S Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement
Primary

Candidate Name
Murkowski Lisa

Office Sought: House Disbursement For: 2004
 Senate X Primary General
 President
 State: AK District: D0 Other (specify) ▼

Transaction ID: D405200454E3695
Date of Disbursement
04 / 02 / 2004

Amount of Each Disbursement this Period
1000.00

Category/
Type

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

Mailing Address 3508 Far West Boulevard Suite 320

City Austin State TX Zip Code 78731

Purpose of Disbursement
Run-off

Candidate Name
McCaul Michael

Office Sought: x House Disbursement For: 2004
 Senate X Primary General
 President
 State: TX District: 10 X Other (specify) ▼

Transaction ID: D405200454E3703
Date of Disbursement
04 / 02 / 2004

Amount of Each Disbursement this Period
2500.00

Category/
Type

C. Full Name (Last, First, Middle Initial)
Mike Bilirakis for Congress

Mailing Address PO Box 1077

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement
Primary

Candidate Name
Bilirakis Michael

Office Sought: x House Disbursement For: 2004
 Senate X Primary General
 President
 State: FL District: 09 Other (specify) ▼

Transaction ID: 0429200421E3714
Date of Disbursement
04 / 19 / 2004

Amount of Each Disbursement this Period
2500.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ► **6000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 56 / 60

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. National Republican Congressional Committee		Transaction ID: D429200421E3723 Date of Disbursement 04 / 19 / 2004	
Mailing Address 320 First Street		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement General	Category/ Type	
Candidate Name		Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District	
Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. National Republican Senatorial Committee		Transaction ID: D429200421E3722 Date of Disbursement 04 / 19 / 2004	
Mailing Address 425 Second Street Northeast		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement General	Category/ Type	
Candidate Name		Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District	
Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Neugebauer Congressional Committee		Transaction ID: D429200421E3796 Date of Disbursement 04 / 23 / 2004	
Mailing Address 3305 86th Street Suite # 1		Amount of Each Disbursement this Period 1000.00	
City Lubbock State TX Zip Code 79413	Purpose of Disbursement General	Category/ Type	
Candidate Name Neugebauer Randy		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: TX District 19	
Disbursement For: 2004 Primary <input type="checkbox"/> <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
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)

PAGE 57 / 60

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Pastor for Arizona		Transaction ID: D429200421E3724 Date of Disbursement 04 / 23 / 2004	
Mailing Address PO Box 6554		Amount of Each Disbursement this Period 1000.00	
City Phoenix State AZ Zip Code 85005	Purpose of Disbursement Primary	Category/ Type	
Candidate Name Pastor Ed	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: D4			

Full Name (Last, First, Middle Initial) B. Pryce for Congress		Transaction ID: D429200421E3735 Date of Disbursement 04 / 23 / 2004	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 2500.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement General	Category/ Type	
Candidate Name Pryce Deborah	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15			

Full Name (Last, First, Middle Initial) C. Republican National Committee		Transaction ID: D429200421E3721 Date of Disbursement 04 / 19 / 2004	
Mailing Address 310 First Street Southeast		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement General	Category/ Type	
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District			

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)

PAGE 58 / 60

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Ryan for Congress		Transaction ID: D405200454E37D2 Date of Disbursement 04 / 02 / 2004	
Mailing Address PO Box 1919 PO Box 1919		Amount of Each Disbursement this Period 1000.00	
City Janesville	State WI	Zip Code 53547	Category/ Type
Purpose of Disbursement Primary			
Candidate Name Ryan Paul			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WI District: D1			

Full Name (Last, First, Middle Initial) B. Shelley Moore Capito for Congress		Transaction ID: D503200445E3757 Date of Disbursement 04 / 30 / 2004	
Mailing Address PO Box 11519		Amount of Each Disbursement this Period 1000.00	
City Charleston	State WV	Zip Code 25330	Category/ Type
Purpose of Disbursement Primary			
Candidate Name Capito Shelley			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WV District: D2			

Full Name (Last, First, Middle Initial) C. Snyder for Congress		Transaction ID: D405200454E3704 Date of Disbursement 04 / 02 / 2004	
Mailing Address PO Box 23349		Amount of Each Disbursement this Period 5000.00	
City Waco	State TX	Zip Code 76702	Category/ Type
Purpose of Disbursement Run-Off			
Candidate Name Snyder Dorothy			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 Primary General <input checked="" type="checkbox"/> Other (specify) ▼		
State: TX District: 11			

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 60

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Steve Rothman for Congress Inc.		Transaction ID: D503200445E3755 Date of Disbursement 04 / 30 / 2004	
Mailing Address Post Office Box 714		Amount of Each Disbursement this Period 1000.00	
City Hackensack State NJ Zip Code 07602	Purpose of Disbursement Primary	Category/ Type	
Candidate Name Rothman Steven	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: D8		
Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Sue Myrick for Congress		Transaction ID: D503200445E3754 Date of Disbursement 04 / 30 / 2004	
Mailing Address PO Box 37091		Amount of Each Disbursement this Period 1000.00	
City Charlotte State NC Zip Code 28237	Purpose of Disbursement Primary	Category/ Type	
Candidate Name Myrick Sue	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: D8		
Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Susan Davis for Congress		Transaction ID: D405200454E3705 Date of Disbursement 04 / 02 / 2004	
Mailing Address 144 West D Street		Amount of Each Disbursement this Period 1000.00	
City Encinitas State CA Zip Code 92024	Purpose of Disbursement General	Category/ Type	
Candidate Name Davis Susan	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 53		
Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 60

<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)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Westmoreland for Congress		Transaction ID: D5132D046E375B Date of Disbursement 04 / 30 / 2004	
Mailing Address PO Box 458		Amount of Each Disbursement this Period 2500.00	
City Sharpsburg	State GA	Zip Code 30277	Category/ Type
Purpose of Disbursement Primary			
Candidate Name Westmoreland Lynn			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA District: D8			

Full Name (Last, First, Middle Initial) B. Wyden for Senate		Transaction ID: D4232D0421E3732 Date of Disbursement 04 / 29 / 2004	
Mailing Address 123 Northeast 3rd Suite 321		Amount of Each Disbursement this Period 1000.00	
City Portland	State OR	Zip Code 07232	Category/ Type
Purpose of Disbursement Primary			
Candidate Name Wyden Ron			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OR District: D0			

SUBTOTAL of Disbursements This Page (optional)	▶	3500.00
TOTAL This Period (last page this line number only)	▶	89500.00