

**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)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

X 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

02

01

2005

through

02

28

2005

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

Steve Rausch

Signature of Treasurer

Electronically Filed by Steve Rausch

Date

07

19

2005

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: <sup>M</sup>02 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>02 <sup>D</sup>28 <sup>Y</sup>2005

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2005		313215.30
(b) Cash on Hand at Beginning of Reporting Period .....	335197.08	
(c) Total Receipts (from Line 19) .....	14796.38	47584.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	349993.46	360799.52
<hr/>		
7. Total Disbursements (from Line 31) .....	71961.53	82767.59
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	278031.93	278031.93
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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: <sup>M</sup>02 <sup>D</sup>01 <sup>Y</sup>2005 To: <sup>M</sup>02 <sup>D</sup>28 <sup>Y</sup>2005

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) .....	12515.00	38640.00
(ii) Unitemized .....	2230.00	8486.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	14745.00	47126.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	14745.00	47126.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	51.38	458.22
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)) .....	14796.38	47584.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14796.38	47584.22

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	961.53	1767.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	961.53	1767.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71000.00	81000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. 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))..	71961.53	82767.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31).....	71961.53	82767.59

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	14745.00	47126.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14745.00	47126.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	961.53	1767.59
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	961.53	1767.59

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

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

FOR LINE NUMBER: PAGE 6 / 25

(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	

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) <b>A. Michael Bloome</b>		Date of Receipt M / D / Y 02 / 06 / 2005
Mailing Address Houston Eye Associates 2855 Gramercy Street		Transaction ID: 03003-91984756040579
City Houston	State TX	Zip Code 77025-1635
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer self Receipt For: Primary      General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00	PAC

Full Name (Last, First, Middle Initial) <b>B. Steven Bodine</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address Retina Consultations 915 Palmer Road		Transaction ID: BU4J24608885
City Bronxville	State NY	Zip Code 10708-3304
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer self Receipt For: Primary      General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00	Batch Total - PAC

Full Name (Last, First, Middle Initial) <b>C. Peter Chen</b>		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 1250 South Sunset Avenue Suite 205		Transaction ID: BU4K11725444
City West Covina	State CA	Zip Code 91790-3583
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: Primary      General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	Batch Total - PAC

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>875.00</b>
<b>TOTAL</b> 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 / 25

(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) <b>A. Gary Cowan</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 06 / 2005
Mailing Address Suite 320D 1350 S Main Street		Transaction ID: 03003-70228213071823
City Fort Worth	State TX	Zip Code 76104-7611
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Paul Facka</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2005
Mailing Address 195 W Brown Street		Transaction ID: 72N7NT773883
City Birmingham	State MI	Zip Code 48009-6018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Total - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Laura Fox</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 16 / 2005
Mailing Address 416 North Bedford #300		Transaction ID: B87GBA154632
City Beverly Hills	State CA	Zip Code 90210-4309
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation Ophthalmologist	Batch Total - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
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 / 25

(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) <b>A. Michael Gilbert</b>		Date of Receipt M / D / Y 02 / 10 / 2005
Mailing Address Suite 200 12301 Northeast 10th Place		Transaction ID: SMF2LY4117888
City State Zip Code Bellevue WA 98005-2487	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	PACWEB GENERATED CONTRIBUTION

Full Name (Last, First, Middle Initial) <b>B. Sanjay Goel</b>		Date of Receipt M / D / Y 02 / 04 / 2005
Mailing Address 5824 Wild Orange Gate		Transaction ID: 03003-02039736509323
City State Zip Code Columbia MD 21023-1656	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 500.00	PAC

Full Name (Last, First, Middle Initial) <b>C. Roy Goodart</b>		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address Suite 200 4400 S 700 E		Transaction ID: BU4K11944714
City State Zip Code Salt Lake City UT 84107-5000	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	Batch Tool - PAC

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1750.00</b>
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 / 25

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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) <b>A. Joseph Greco</b>		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address Unit 708 11 Church Street		Transaction ID: BU4LQT192726
City Salem	State MA	Zip Code 01970-3766
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	Batch Total - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Mark Hughes</b>		Date of Receipt M / D / Y 02 / 04 / 2005
Mailing Address Suite 800 50 Staniford Street		Transaction ID: 03003-53889101743698
City Boston	State MA	Zip Code 02114-2517
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer self	Occupation Ophthalmologist	PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Johnson</b>		Date of Receipt M / D / Y 02 / 15 / 2005
Mailing Address 1824 Island Way		Transaction ID: 73183-48337954282761
City Osprey	State FL	Zip Code 34229-9321
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer self	Occupation Ophthalmologist	PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1675.00</b>
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 10 / 25  
(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) <b>A. Kenneth Juechter</b>		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 20 Watch Hill Road		Transaction ID: BU4LQT832238
City Croton-on-Huds	State NY	Zip Code 10520-1018
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	Batch Total - PAC
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. James Kiley</b>		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address Suite 111 3320 Executive Drive		Transaction ID: BU4KJIS21194
City Raleigh	State NC	Zip Code 27609-7445
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Ophthalmologist	Batch Total - PAC
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>C. Harold Kotler</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address Suite 150 1850 Huntingdon Pike		Transaction ID: 72N7NT347117
City Meadowbrook	State PA	Zip Code 19048-8004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	Batch Total - PAC
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>915.00</b>
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 11 / 25  
(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) <b>A. Daniel Lensink</b>		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address 3190 Churn Creek Road		Transaction ID: BU4LQT657502
City Redding	State CA	Zip Code 96002-2122
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Total - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Rudy Manhai</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 259B Windmill Parkway		Transaction ID: 73183-43884584807761
City Henderson	State NV	Zip Code 89074-5476
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Ophthalmologist	PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Christophe Mata</b>		Date of Receipt M / D / Y 02 / 11 / 2005
Mailing Address 150 Quail Lane		Transaction ID: BU4KII131174
City Lebanon	State PA	Zip Code 17042-9403
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Total - PAC
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>1250.00</b>
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 12 / 25  
(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) <b>A. David Markoff</b>		Date of Receipt M / D / Y 02 / 09 / 2005
Mailing Address Mountain Eye Associates 486 Hospital Drive		Transaction ID: BU4LQT729501
City Clyde	State NC	Zip Code 28721-8026
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Total - PAC
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. John Robinson</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address Robinson Eye Institute 501 E Macarthur Street		Transaction ID: 72N7NT791383
City Shawnee	State OK	Zip Code 74804-2201
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Ophthalmologist	Batch Total - PAC
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dalia Sang</b>		Date of Receipt M / D / Y 02 / 04 / 2005
Mailing Address 73 Chatham Street		Transaction ID: D3003-79316347B3744B
City Brookline	State MA	Zip Code 02440-5451
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1250.00
Name of Employer self	Occupation Ophthalmologist	PAC
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>2250.00</b>
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 13 / 25  
(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) <b>A. Jennifer Smith</b>		Date of Receipt M / D / Y 02 / 01 / 2005
Mailing Address 2032 Valor Court		Transaction ID: SHCVDZTEE4UB
City Glenview	State IL	Zip Code 60026-8052
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
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) <b>B. Jain Tarisim</b>		Date of Receipt M / D / Y 02 / 17 / 2005
Mailing Address 239 E Wakea Avenue		Transaction ID: 72N4LY422865
City Kahului	State HI	Zip Code 96732-2444
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Ophthalmologist	Batch Total - PAC
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Ramsey Tarabishy</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address 31 Dow Road		Transaction ID: 73183-83536928892136
City Plainfield	State CT	Zip Code 06374-1800
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer self	Occupation Ophthalmologist	PAC
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>925.00</b>
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 / 25  
(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) <b>A. Thomas Weiss</b>		Date of Receipt M / D / Y 02 / 25 / 2005
Mailing Address Suite 202 4701 N Meridian Avenue		Transaction ID: 73183-05137270689010
City State Zip Code Miami Beach FL 33140-2010	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 125.00
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 250.00	PAC

Full Name (Last, First, Middle Initial) <b>B. John Anderson Wells</b>		Date of Receipt M / D / Y 02 / 24 / 2005
Mailing Address Suite 101 2750 Laurel Street		Transaction ID: 72N6UC341493
City State Zip Code Columbia SC 29204-2038	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer self Receipt For: Primary General Other (specify) ▼	Occupation Ophthalmologist Aggregate Year-to-Date ▼ 1000.00	Batch Total - PAC

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>1125.00</b>
TOTAL This Period (last page this line number only) .....	▶	<b>12515.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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. Union Bank

Mailing Address 400 California Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement  
Bank charges 2/05

Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 78567-59016054868698

Date of Disbursement

02 / 28 / 2005

Amount of Each Disbursement this Period

611.53

SUBTOTAL of Disbursements This Page (optional) ▶

611.53

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

611.53

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Cap Pac</b>		Transaction ID: 207502050215540D082	
Mailing Address 38 Ivy Street Southeast		Date of Disbursement 02 / 15 / 2005	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement 2005 Contribution		Category/ Type	
Candidate Name			
Office Sought: House	Disbursement For: Primary		
Senate	General		
President	Other (specify) ▼		
State: District			

Full Name (Last, First, Middle Initial) <b>B. Citizens for Arlen Specter</b>		Transaction ID: 7302750502025581864	
Mailing Address 601 13th Street Northwest Suite 1100 Nor		Date of Disbursement 02 / 03 / 2005	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement 2010 Primary		Category/ Type	
Candidate Name Specter Arlen			
Office Sought: House	Disbursement For: 2010		
X Senate	X Primary		
President	General		
State: PA	Other (specify) ▼		
District 00			

Full Name (Last, First, Middle Initial) <b>C. Committe To Re-Elect Ed Towns</b>		Transaction ID: 8934520502224818713	
Mailing Address 438 Lewis Avenue		Date of Disbursement 02 / 22 / 2005	
City Brooklyn	State NY	Zip Code 11233	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement 2008 Primary		Category/ Type	
Candidate Name Towns Edolphus			
Office Sought: X House	Disbursement For: 2008		
Senate	X Primary		
President	General		
State: NY	Other (specify) ▼		
District 10			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

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

Mailing Address PO Box 746

City Bakersfield State CA Zip Code 93302

Purpose of Disbursement  
2005 Contribution

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 4990130502025574880  
Date of Disbursement

02 / 03 / 2005

Amount of Each Disbursement this Period

5000.00

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

Mailing Address Post Office Box 4657  
PO Box 4657

City Casper State WY Zip Code 82604

Purpose of Disbursement  
2006 Primary

Candidate Name  
Cubin Barbara

Office Sought:  House  
Senate  
President

State: WY District D1

Disbursement For: 2006  
 Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 3249220502155357763  
Date of Disbursement

02 / 15 / 2005

Amount of Each Disbursement this Period

5000.00

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  
2005 Contribution

Candidate Name

Office Sought: House  
Senate  
President

State: District

Disbursement For: Primary General  
Other (specify) ▼

Category/  
Type

Transaction ID: 1621100502025816198  
Date of Disbursement

02 / 03 / 2005

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 25

<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. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Avenue Northeast

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2005 Contribution

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: B954080502025621525  
Date of Disbursement  
02 / 03 / 2005

Amount of Each Disbursement this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Dnc Services Corporation/Democratic National Committee**

Mailing Address 430 South Capitol Street Southeast

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2005 Contribution

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: D142880502025800898  
Date of Disbursement  
02 / 03 / 2005

Amount of Each Disbursement this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**C. Feinstein for Senate Committee**

Mailing Address 809 Montgomery Street Suite 102

City San Francisco State CA Zip Code 94133-4625

Purpose of Disbursement  
Ck voided; orig rpt'd 10/04

Candidate Name  
Feinstein Dianne

Office Sought: House Senate President State: CA District 00

Disbursement For: 2006 Primary General Other (specify) ▼

Category/Type

Transaction ID: 3293000502155471090  
Date of Disbursement  
02 / 15 / 2005

Amount of Each Disbursement this Period  
-1000.00

Uncashed Contribution

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **9000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<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) <b>A. Friends of Carolyn McCarthy</b>		Transaction ID: D634920502155342988 Date of Disbursement 02 / 15 / 2005	
Mailing Address 151 Linden Road		Amount of Each Disbursement this Period 2500.00	
City Mineola State NY Zip Code 11501	Purpose of Disbursement 2006 Primary	Category/ Type	
Candidate Name McCarthy Carolyn	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	
State: NY      District: D4			

Full Name (Last, First, Middle Initial) <b>B. Gingrey for Congress</b>		Transaction ID: 9478060502155288530 Date of Disbursement 02 / 15 / 2005	
Mailing Address PO Box U		Amount of Each Disbursement this Period 2500.00	
City Marietta State GA Zip Code 30060	Purpose of Disbursement 2006 Primary	Category/ Type	
Candidate Name Gingrey John	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	
State: GA      District: 11			

Full Name (Last, First, Middle Initial) <b>C. Glacier Pac</b>		Transaction ID: 4654320502155409370 Date of Disbursement 02 / 15 / 2005	
Mailing Address B18 Connecticut Avenue Northwest Suite 1100		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20008	Purpose of Disbursement 2005 Contribution	Category/ Type	
Candidate Name	Office Sought:      House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: Primary      General Other (specify) ▼	
State:      District			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10000.00</b>
<b>TOTAL</b> 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 20 / 25

<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) <b>A. Hulshof for Congress</b>		Transaction ID: 73620502155297235 Date of Disbursement 02 / 15 / 2005	
Mailing Address Post Office Box 1621		Amount of Each Disbursement this Period 2500.00	
City Columbia State MO Zip Code 65010	Purpose of Disbursement 2006 Primary	Category/ Type	
Candidate Name Hulshof Kenny	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: D8			

Full Name (Last, First, Middle Initial) <b>B. Jd Hayworth for Congress</b>		Transaction ID: D461830502155278732 Date of Disbursement 02 / 15 / 2005	
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 1000.00	
City Scottsdale State AZ Zip Code 85260	Purpose of Disbursement 2006 Primary	Category/ Type	
Candidate Name Hayworth J.	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: D5			

Full Name (Last, First, Middle Initial) <b>C. John Sullivan for Congress</b>		Transaction ID: 6502190502224835885 Date of Disbursement 02 / 22 / 2005	
Mailing Address Post Office Box 470840		Amount of Each Disbursement this Period 2500.00	
City Tulsa State OK Zip Code 74147	Purpose of Disbursement 2006 Primary	Category/ Type	
Candidate Name Sullivan John	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: D1			

**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 21 / 25

<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. Keep Our Majority Pac**

Mailing Address PO Box 20209

City Alexandria State VA Zip Code 22320

Purpose of Disbursement  
2005 Contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: 91047D0502155385717  
Date of Disbursement  
02 / 15 / 2005

Amount of Each Disbursement this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Mike Dewine for Us Senate**

Mailing Address PO Box 340188

City Columbus State OH Zip Code 43234

Purpose of Disbursement  
2006 Primary

Candidate Name  
DeWine Mike

Office Sought: House Senate President  
State: OH District 00

Disbursement For: 2006 Primary General Other (specify) ▼

Category/Type

Transaction ID: D005710502155373599  
Date of Disbursement  
02 / 15 / 2005

Amount of Each Disbursement this Period  
2500.00

Full Name (Last, First, Middle Initial)  
**C. National Republican Congressional Committee**

Mailing Address 320 First Street

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2005 Contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: 6835680502025834099  
Date of Disbursement  
02 / 03 / 2005

Amount of Each Disbursement this Period  
5000.00

**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 22 / 25

<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) <b>A. National Republican Senatorial Committee</b>		Transaction ID: 5673370502025636989 Date of Disbursement 02 / 03 / 2005	
Mailing Address 425 Second Street Northeast		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20002	Purpose of Disbursement 2005 Contribution Candidate Name	Category/ Type	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Norwood for Congress</b>		Transaction ID: 4094280502155461120 Date of Disbursement 02 / 15 / 2005	
Mailing Address PO Box 499 PO Box 499		Amount of Each Disbursement this Period -3000.00	
City Evans State GA Zip Code 30808	Purpose of Disbursement ck voided; orig rpt'd 10/04 Candidate Name Norwood Charlie	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: GA District 08			
Disbursement For: 2004 Primary X General Other (specify) ▼		Uncashed Contribution	

Full Name (Last, First, Middle Initial) <b>C. Promoting Republicans You Can Elect Project (PRYCE PROJECT)</b>		Transaction ID: 0595890502025807549 Date of Disbursement 02 / 03 / 2005	
Mailing Address 1155 21st Street NW Suite 300		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20036	Purpose of Disbursement 2005 Contribution Candidate Name	Category/ Type	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> 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 23 / 25

<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)  
Republican National Committee

Mailing Address 310 First Street Southeast

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2005 Contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: 97361405022025627086  
Date of Disbursement  
02 / 03 / 2005

Amount of Each Disbursement this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Sue Myrick for Congress

Mailing Address PO Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement  
2006 Primary

Candidate Name  
Myrick Sue

Office Sought:  House Senate President  
State: NC District 08

Disbursement For: 2006  
 Primary General Other (specify) ▼

Category/Type

Transaction ID: 6131140502155336132  
Date of Disbursement  
02 / 15 / 2005

Amount of Each Disbursement this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Sunshine Pac

Mailing Address 2600 NE 14th Street Causeway

City Pompano Beach State FL Zip Code 33062

Purpose of Disbursement  
2005 Contribution

Candidate Name

Office Sought: House Senate President  
State: District

Disbursement For: Primary General Other (specify) ▼

Category/Type

Transaction ID: 0913800502155379898  
Date of Disbursement  
02 / 15 / 2005

Amount of Each Disbursement this Period  
1000.00

**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 24 / 25

<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. Susan Davis for Congress

Mailing Address 144 West D Street

City Encinitas State CA Zip Code 92024

Purpose of Disbursement  
ck voided: orig rpt'd 8/04

Candidate Name  
Davis Susan

Office Sought:  House  
Senate  
President  
State: CA District: 53

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

Category/  
Type

Transaction ID: B599360502155501930

Date of Disbursement

02 / 15 / 2005

Amount of Each Disbursement this Period

-1000.00

Uncashed Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

-1000.00

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

71000.00



Form/Schedule: F3XA  
Transaction ID:

This amendment is being filed to include the calendar year-to-date totals for Lines 11(a)(i) and 11(a)(ii) on the Detailed Summary Page.