

FEC
FORM 3XREPORT 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)
▼

855 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

X

NEW
(N)

OR

AMENDED
(A)4. TYPE OF REPORT
(Choose One)(b) Monthly
Report
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

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

(a) Quarterly Reports:

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (M13)

X

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)(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

10

17

2002

through

11

25

2002

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

12

05

2002

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
OnlyFEC FORM 3X
(Revised 1/2001)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: ^h10^d17^y2002 To: ^h11^d25^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		225560.32
(b) Cash on Hand at Beginning of Reporting Period	161827.25	
(c) Total Receipts (from Line 19)	155087.65	610947.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	316914.90	836507.50
7. Total Disbursements (from Line 30)	35699.28	555291.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	281215.62	281215.62
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: ^h10^h ^D17^D ^v2002^v To: ^h11^h ^D25^D ^v2002^v

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)	128264.25	
(ii) Unitemized	26701.25	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	154965.50	610245.06
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 32, page 4)	154965.50	610245.06
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	122.15	702.12
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	155087.65	610947.18
20. Total Federal Receipts (subtract Line 18 from Line 19)	155087.65	610947.18

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	599.28	64065.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ►	599.28	64065.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	489526.66
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	100.00	2700.00
(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))	100.00	2700.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	35699.28	555291.66
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	35699.28	555291.66
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	154965.50	610245.06
33. Total Contribution Refunds (from Line 28(d))	100.00	2700.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	154865.50	607545.06
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ►	599.28	64065.20
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	599.28	64065.20

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Abel

Mailing Address

Concord Plaza Naamans Bldg

3501 Silverside Rd

City

State

Zip Code

Wilmington

DE

19810-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C412931

Full Name (Last, First, Middle Initial)

B. John Aljan

Mailing Address

25 Johnson Ave

City

State

Zip Code

Englewood Cliffs

NJ

07632-2127

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C415083

Full Name (Last, First, Middle Initial)

C. Daniel Alter

Mailing Address

1543 62nd Street

City

State

Zip Code

Downers Grove

IL

60516-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 120420021BC418284

SUBTOTAL of Receipts This Page (optional)

1065.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard Apt

Mailing Address

2080 Century Park East Ste B00

City

Los Angeles

State

CA

Zip Code

90067-

Date of Receipt

11 / 14 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Transaction ID: 1204200218C416978

Full Name (Last, First, Middle Initial)

B. Joe Arterberry

Mailing Address

224 E Broadway

Sta 110

City

Louisville

State

KY

Zip Code

40202-2016

Date of Receipt

11 / 04 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

385.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1105200232C414389

Full Name (Last, First, Middle Initial)

C. Robert Baker

Mailing Address

3206 Churchland Blvd

City

Chesapeake

State

VA

Zip Code

23321-5208

Date of Receipt

11 / 04 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C4147512

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)
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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 Baker

Mailing Address

Baker Eye Clinic

111 W Broadway Ave

City

State

Zip Code

Broken Arrow

OK

74012-

Date of Receipt

N M / D E / Y Y Y Y
11 07 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

182.50

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

456.25

Transaction ID: 1204200218C4155513

Full Name (Last, First, Middle Initial)

B. Brock Bakewell

Mailing Address

Fishkind/Bakewell Eye & Surg Ctr

5599 North Oracle Rd

City

State

Zip Code

Tucson

AZ

85704-3821

Date of Receipt

N M / D E / Y Y Y Y
11 04 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

385.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1105200232C4151214

Full Name (Last, First, Middle Initial)

C. Brock Bakewell

Mailing Address

Fishkind/Bakewell Eye & Surg Ctr

5599 North Oracle Rd

City

State

Zip Code

Tucson

AZ

85704-3821

Date of Receipt

N M / D E / Y Y Y Y
11 04 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1105200232C4151115

SUBTOTAL of Receipts This Page (optional)

547.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. E Michael Balok

Mailing Address

Riverside Eye Center PC

405D River Rd

City

State

Zip Code

East China

MI

48054-2908

Date of Receipt

11 / 25 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

385.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Transaction ID: 120420021BC4188917

Full Name (Last, First, Middle Initial)

B. Laurie Gray Barber

Mailing Address

UAMS Dept Ophtha

4301 W Markham Slot 523

City

State

Zip Code

Little Rock

AR

72205-

Date of Receipt

11 / 14 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

1000.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Transaction ID: 120420021BC4187820

Full Name (Last, First, Middle Initial)

C. Don Berham

Mailing Address

1750 West Main Street

City

State

Zip Code

Dothan

AL

36301-

Date of Receipt

11 / 22 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: 120420021BC4187821

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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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Joseph Barron

Mailing Address

3101 Mercedes Drive

City

State

Zip Code

Monroe

LA

71201-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

385.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1204200218C4177022

Full Name (Last, First, Middle Initial)

B. Loren Barrus

Mailing Address

2925 Siskiyou Blvd

City

State

Zip Code

Medford

OR

97504-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C4180223

Full Name (Last, First, Middle Initial)

C. Arthur Besham

Mailing Address

212 Oak Meadow Dr

City

State

Zip Code

Los Gatos

CA

95030-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Transaction ID: 1204200218C4182824

SUBTOTAL of Receipts This Page (optional)

1065.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Baumann

Mailing Address

17580 W Hwy 441

City

State

Zip Code

Mount Dora

FL

32757-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 0 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C4185025

Full Name (Last, First, Middle Initial)

B. John Ballo

Mailing Address

7447 W Talcott

Sta 406

City

State

Zip Code

Chicago

IL

60631-3715

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C4124829

Full Name (Last, First, Middle Initial)

C. Dominick Benedetto

Mailing Address

124 Avenue B

City

State

Zip Code

Bayonne

NJ

07002-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1105200232C4121531

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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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 Roy Bennett

Mailing Address

Vitreoretinal Surgery, PA-Minn Cen 776D France Ave S Ste 310

City State Zip Code

Minneapolis MN 55435-

FEC ID number of contributing
federal political committee.

Date of Receipt

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

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C4162433

Full Name (Last, First, Middle Initial)

B. Adam Berger

Mailing Address

Vitreous & Retina Consultants 400 Ave K.S.E Ste 7

City State Zip Code

Winter Haven FL 33880-

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 4 2 0 0 2

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C4144335

Full Name (Last, First, Middle Initial)

C. Richard Bernheimer

Mailing Address

505 NE 87th Ave Ste 100

City State Zip Code

Vancouver WA 98664-

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 2 9 2 0 0 2

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C4133336

SUBTOTAL of Receipts This 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:
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Daniel Bernstein

Mailing Address

451 Ruin Crk Rd Ste 204

City

State

Zip Code

Henderson

NC

27536-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C4125239

Full Name (Last, First, Middle Initial)

B. Anita Bhatt

Mailing Address

2000 Washington Street

Suite 482

City

State

Zip Code

Newton

MA

02462-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 120420021BC4176040

Full Name (Last, First, Middle Initial)

C. Norman Blair

Mailing Address

1905 W Taylor St

City

State

Zip Code

Chicago

IL

60612-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Transaction ID: 120420021BC4163444

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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or each category of the
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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 Blakemore

Mailing Address

101 Mark Dr

PO Box 1077

City

State

Zip Code

Edenton

NC

27832-

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C4123645

Full Name (Last, First, Middle Initial)

B. George Blankenship

Mailing Address

640 Old Ventura Farm Rd

City

State

Zip Code

Hummelstown

PA

17036-8501

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C4134146

Full Name (Last, First, Middle Initial)

C. Kevin Binder

Mailing Address

Barnes Retina Inst

1600 S Brentwood, Ste 800

City

State

Zip Code

St Louis

MO

63144-

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 2 9 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Transaction ID: 1030200225C4119547

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kevin Blinder

Mailing Address

Barnes Retina Inst 160D S Brentwood, Ste B00

City State Zip Code

St Louis MO 63144

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 1105200232C4132548

Full Name (Last, First, Middle Initial)

B. Donald Bolheimer

Mailing Address

775D W Jefferson Blvd

City State Zip Code

Fort Wayne IN 46804

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1030200225C4118851

Full Name (Last, First, Middle Initial)

C. James Braun

Mailing Address

205 McAuley Court

City State Zip Code

Hot Springs AR 71913

FEC ID number of contributing
federal political committee.

Date of Receipt

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

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 1204200218C4161353

SUBTOTAL of Receipts This Page (optional) ▶

900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charles Joseph Breen

Mailing Address

257 Watch Hill Rd

City

State

Zip Code

Fort Mitchell

KY

41011-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1105200232C4131054

Full Name (Last, First, Middle Initial)

B. Mark Brower

Mailing Address

504 Willabay Drive

City

State

Zip Code

Williams Bay

WI

53191-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 120420021BC41B1462

Full Name (Last, First, Middle Initial)

C. Rasy Brown

Mailing Address

Ste 250

993-D Johnson Ferry Rd NE

City

State

Zip Code

Atlanta

GA

30342-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 5 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 120420021BC4153363

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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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 Bryan

Mailing Address

8001 Youree Dr

Ste 800

City

State

Zip Code

Shreveport

LA

71115-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

385.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1204200218C4178564

Full Name (Last, First, Middle Initial)

B. James Brennan Byrne

Mailing Address

401 Meridian St

Suite 400

City

State

Zip Code

Huntsville

AL

35801-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C4181968

Full Name (Last, First, Middle Initial)

C. Kenneth Cahill

Mailing Address

340 E Town St

Ste 8-200

City

State

Zip Code

Columbus

OH

43215-4800

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C4158170

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charles Calenda

Mailing Address

638 Metacorn Ave

City

State

Zip Code

Warren

RI

02885-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C4132972

Full Name (Last, First, Middle Initial)

B. Bruce Carter

Mailing Address

1101 E Jefferson St Ste 3

City

State

Zip Code

Charlottesville

VA

22902-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 120420021BC4157775

Full Name (Last, First, Middle Initial)

C. Jimmy Carter

Mailing Address

1806 Fairview Ave

City

State

Zip Code

Dothan

AL

36301-3026

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 120420021BC4175476

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Gary Cassel

Mailing Address

Ruxton Towers Ste 104

8415 Bellona Ln

City

State

Zip Code

Towson

MD

21204-

Date of Receipt

N M / D E / Y Y Y Y
11 / 18 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1204200218C4178279

Full Name (Last, First, Middle Initial)

B. Betty Cervenak

Mailing Address

203 Palisade Avenue

City

State

Zip Code

Jersey City

NJ

07306-

Date of Receipt

N M / D E / Y Y Y Y
11 / 18 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

1000.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Transaction ID: 1204200218C4173380

Full Name (Last, First, Middle Initial)

C. Peter Cetta

Mailing Address

10 W Hanover Ave

City

State

Zip Code

Randolph

NJ

07869-

Date of Receipt

N M / D E / Y Y Y Y
10 / 31 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1105200232C4125582

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Chang

Mailing Address

762 Altos Oaks Dr Ste 1

City

State

Zip Code

Los Altos

CA

94024-

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C4125483

Full Name (Last, First, Middle Initial)

B. Gary Chubak

Mailing Address

214-1B 24th Avenue

City

State

Zip Code

Bayside

NY

11360-2219

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C4120885

Full Name (Last, First, Middle Initial)

C. Rudolf Chumer

Mailing Address

1501 Redbud

City

State

Zip Code

McKinney

TX

75069-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Transaction ID: 120420021BC4184086

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Cichowski

Mailing Address

P O Box 1227

City

State

Zip Code

Coupeville

WA

98239-1227

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: 1204200218C4182087

Full Name (Last, First, Middle Initial)

B. Thomas Clinch

Mailing Address

Univ Ophth Cnslt

4910 Massachusetts Ave NW Ste210

City

State

Zip Code

Washington

DC

20016-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

50.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Transaction ID: 1105200232C4145189

Full Name (Last, First, Middle Initial)

C. Clark Cobble

Mailing Address

Danville Eye Center

515 Rison Street

City

State

Zip Code

Danville

VA

24541-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C4146691

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sander M Zeskin Cohen

Mailing Address

Ste 11

509 S Lenola Rd

City

State

Zip Code

Moorestown

NJ

08057-

Date of Receipt

11 / 07 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 120420021BC4157393

Full Name (Last, First, Middle Initial)

B. Steven Cohen

Mailing Address

125 Carlyle Circle

City

State

Zip Code

Palm Harbor

FL

34683-

Date of Receipt

11 / 18 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 120420021BC4177594

Full Name (Last, First, Middle Initial)

C. Charles Colombo

Mailing Address

44199 Dequindre #409

City

State

Zip Code

Troy

MI

48066-

Date of Receipt

11 / 18 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: 120420021BC4183396

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Joel Confin

Mailing Address

Eye Care & Surgery Ctr

582 Springfield Ave

City

State

Zip Code

Westfield

NJ

07090-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C4120897

Full Name (Last, First, Middle Initial)

B. Joseph Conner

Mailing Address

707 W Tipton St

City

State

Zip Code

Seymour

IN

47274-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 120420021BC4178998

Full Name (Last, First, Middle Initial)

C. David Locke Cooke

Mailing Address

4842 W Chapin Ln

City

State

Zip Code

Berrien Springs

MI

49103-9831

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 120420021BC4185399

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stephen Cooper

Mailing Address

1455 E Bert Kouns Indus Loop

City

State

Zip Code

Shreveport

LA

71105-6000

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 0 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1204200218C41745100

Full Name (Last, First, Middle Initial)

B. Paul Cotter

Mailing Address

178 Quincy St

City

State

Zip Code

Brockton

MA

02302-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

750.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Transaction ID: 1105200232C41217102

Full Name (Last, First, Middle Initial)

C. Marianna Cowley

Mailing Address

Suite #201

4130 Dutchmans Ln

City

State

Zip Code

Louisville

KY

40207-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 0 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41818103

SUBTOTAL of Receipts This Page (optional) ►

1500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. E Randy Craven

Mailing Address

26 W. Dry Creek Cir #225

City

State

Zip Code

Littleton

CO

80120-

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 2 0 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1030200225C41141105

Full Name (Last, First, Middle Initial)

B. Howard Cupples

Mailing Address

Georgetown University Med Cntr

3800 Reservoir Rd NW

City

State

Zip Code

Washington

DC

20007-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1105200232C41497109

Full Name (Last, First, Middle Initial)

C. Thomas Currey

Mailing Address

1900 Kirby Pky Ste 100B

City

State

Zip Code

Germantown

TN

38138-3853

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41718110

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Andrew Danyluk

Mailing Address

777 North Street

City

State

Zip Code

Pittsfield

MA

01201-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 0 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41749113

Full Name (Last, First, Middle Initial)

B. Michael Dean

Mailing Address

2230 Auburn Ave

City

State

Zip Code

Cincinnati

OH

45219-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1030200225C41171114

Full Name (Last, First, Middle Initial)

C. Andrew Davidson

Mailing Address

Village Sq 3515 Trent Rd

City

State

Zip Code

New Bern

NC

28502-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1204200218C41724116

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard Davis

Mailing Address

9201 Cypress Lake Drive

City

State

Zip Code

Fort Myers

FL

33919-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41250117

Full Name (Last, First, Middle Initial)

B. Francis Deppenbusch

Mailing Address

1708 East 23rd Street

City

State

Zip Code

Hutchinson

KS

67502-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 4 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

735.00

Transaction ID: 120420021BC41725121

Full Name (Last, First, Middle Initial)

C. Kittumar Desai

Mailing Address

2095 Klockner Rd

Bldg 5

City

State

Zip Code

Hamilton

NJ

08690-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41270123

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Dew

Mailing Address

2200 Northlake Pky Ste 300-A

City

State

Zip Code

Tucker

GA

30084

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

750.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Transaction ID: 1204200218C41705124

Full Name (Last, First, Middle Initial)

B. Anna Luisa Di Lorenzo

Mailing Address

Ste B

2877 Crooks Rd

City

State

Zip Code

Troy

MI

48064-4717

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1204200218C41821125

Full Name (Last, First, Middle Initial)

C. Peter Dladicheen

Mailing Address

Eye Physicians PC

PO Box 1275

City

State

Zip Code

Columbus

NE

68602-1275

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 5 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Transaction ID: 1204200218C41525128

SUBTOTAL of Receipts This Page (optional) ▶

1100.00

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

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jean Alyse Disseler

Mailing Address

1025 Maine Street

City

State

Zip Code

Quincy

IL

62301-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

385.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1204200218C41661129

Full Name (Last, First, Middle Initial)

B. Steven Dixon

Mailing Address

1111 East Ocean Ave

Sta 7

City

State

Zip Code

Lompoc

CA

93436-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C41501130

Full Name (Last, First, Middle Initial)

C. Peter Doane

Mailing Address

100 Genesee St

City

State

Zip Code

Auburn

NY

13021-3842

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 9 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Transaction ID: 1105200232C41304132

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Donna Dodson Brown

Mailing Address

4500 Coventry Road

City

State

Zip Code

Richmond

VA

23221-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 5 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1204200218C41888133

Full Name (Last, First, Middle Initial)

B. Edward Dolzal

Mailing Address

Crystal Lake Ophthalmology Ass PC

5911 NW Highway Ste 101

City

State

Zip Code

Crystal Lake

IL

60014-8055

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 8 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1090200225C41149134

Full Name (Last, First, Middle Initial)

C. John Downing

Mailing Address

985 Matlock Road

City

State

Zip Code

Bowling Green

KY

42104-7408

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: 1105200232C41225135

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Philip Dray

Mailing Address

Cook County Hosp Ophthalmology 1835 W Harrison

City State Zip Code

Chicago IL 60612-

Date of Receipt

N M / D E / Y Y Y Y
11 07 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 120420021BC41549137

Full Name (Last, First, Middle Initial)

B. Daniel Drysdale

Mailing Address

Suite 1 3845 South Main Street

City State Zip Code

Blacksburg VA 24060-

Date of Receipt

N M / D E / Y Y Y Y
11 18 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 120420021BC41738138

Full Name (Last, First, Middle Initial)

C. John Dugan

Mailing Address

1333 Third St, #100

City State Zip Code

Corpus Christi TX 78404-

Date of Receipt

N M / D E / Y Y Y Y
11 12 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Transaction ID: 120420021BC41656139

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Eric Dunn

Mailing Address

472 Ridge Ln

City

State

Zip Code

Mays Landing

NJ

08330-1653

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Transaction ID: 1105200232C41222140

Full Name (Last, First, Middle Initial)

B. Eric Dunn

Mailing Address

472 Ridge Ln

City

State

Zip Code

Mays Landing

NJ

08330-1653

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 5 / 2 0 0 2

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 120420021BC41B82141

Full Name (Last, First, Middle Initial)

C. William Durant

Mailing Address

950 Ryland Street

City

State

Zip Code

Reno

NV

89502-

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1105200232C41212142

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 Eads

Mailing Address

1230 Cumberland Falls Highway

City

State

Zip Code

Corbin

KY

40701-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41263143

Full Name (Last, First, Middle Initial)

B. Jeffrey Edelstein

Mailing Address

1450 S Dobson Rd

Sta A-104

City

State

Zip Code

Mesa

AZ

85202-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 120420021BC41610146

Full Name (Last, First, Middle Initial)

C. Russell Edwards

Mailing Address

Naval Medical Center

34800 Bob Wilson Drive

City

State

Zip Code

San Diego

CA

92134-5000

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 120420021BC41653146

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 Elman

Mailing Address

Elman Retina Group, Attn: Giorya Ru 9101 Franklin Square Dr Ste 108

City

State

Zip Code

Baltimore

MD

21237-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

385.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Transaction ID: 1204200218C41647150

Full Name (Last, First, Middle Initial)

B. David Keith Emmel

Mailing Address

1260 Silas Deane Hwy

City

State

Zip Code

Wethersfield

CT

06109-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1204200218C41688151

Full Name (Last, First, Middle Initial)

C. John Stuart Ettenson

Mailing Address

2 Rye Ridge Pl

City

State

Zip Code

Rye Brook

NY

10573-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 5 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1204200218C41687152

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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or each category of the
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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 Farber

Mailing Address

5D15 South US Highway 41

City

State

Zip Code

Terre Haute

IN

47802-

Date of Receipt

11 / 14 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 120420021BC41692153

Full Name (Last, First, Middle Initial)

B. Jorge Fernandez Behamonde

Mailing Address

Apt C4

1 Park Ct

City

State

Zip Code

Rio Piedras

PR

00926-2241

Date of Receipt

11 / 07 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 120420021BC41598154

Full Name (Last, First, Middle Initial)

C. Howard Fiedler

Mailing Address

Suson Eye Specialists

2300 N Mayfair Rd Ste 1101

City

State

Zip Code

Wauwatosa

WI

55226-1508

Date of Receipt

11 / 19 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: 120420021BC41737155

SUBTOTAL of Receipts This Page (optional) ▶

965.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Fischer

Mailing Address

256 Lankenau Medical Bldg East

100 Lancaster

City

State

Zip Code

Wynnewood

PA

19096-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 2 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

385.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

815.00

Transaction ID: 1204200218C41854159

Full Name (Last, First, Middle Initial)

B. Bruce Fishburn

Mailing Address

Box 1878

City

State

Zip Code

Billings

MT

59103-

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 2 9 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1030200225C41199160

Full Name (Last, First, Middle Initial)

C. Martin Fishman

Mailing Address

431 Monterey Avenue, #3

City

State

Zip Code

Los Gatos

CA

95030-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41499163

SUBTOTAL of Receipts This Page (optional)

1165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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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 Fitz

Mailing Address

Precision Eye Care

140 Westmount Dr-PO Box 429

City

State

Zip Code

Farmington

MO

62640-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1105200232C41253164

Full Name (Last, First, Middle Initial)

B. Daniel Fleming

Mailing Address

PO Box 1226

1855 East Greenville St

City

State

Zip Code

Anderson

SC

29622-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1090200225C41198165

Full Name (Last, First, Middle Initial)

C. James Fleming

Mailing Address

7945 Wolf River Blvd

Ste 240

City

State

Zip Code

Germantown

TN

38138-1733

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 1105200232C41269166

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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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 Fly

Mailing Address

Ste 380

971 Lakeland Drive

City

State

Zip Code

Jackson

MS

39216-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 0 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
MS RETINA ASSOCIATES

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41739167

Full Name (Last, First, Middle Initial)

B. Mario Forcine

Mailing Address

3D1D Hampton Ave

City

State

Zip Code

Brunswick

GA

31520-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 0 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

564.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Transaction ID: 1204200218C41730169

Full Name (Last, First, Middle Initial)

C. Terry Forrest

Mailing Address

2503 Isaac Dr

City

State

Zip Code

Goldsboro

NC

27530-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

730.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1105200232C4149217D

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)
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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 Fountain

Mailing Address

Assoc Vitreoretinal & Uveitis Cons

8704 N Meridian St

City

State

Zip Code

Indianapolis

IN

46260-2331

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1204200218C41628172

Full Name (Last, First, Middle Initial)

B. Jerre Freeman

Mailing Address

6485 Poplar Avenue

City

State

Zip Code

Memphis

TN

38119-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 2 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1204200218C41878176

Full Name (Last, First, Middle Initial)

C. Scott Friedman

Mailing Address

3133 Lakeland Hills Blvd

City

State

Zip Code

Lakeland

FL

33805-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1023200211C41127177

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Fritz

Mailing Address

212 N Larkin Ave

City

Joliet

State

IL

Zip Code

60435-

Date of Receipt

11 / 07 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41550176

Full Name (Last, First, Middle Initial)

B. Luther Fry

Mailing Address

310 E Walnut St Ste 101

City

Garden City

State

KS

Zip Code

67846-5500

Date of Receipt

11 / 14 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41717179

Full Name (Last, First, Middle Initial)

C. Edgar Gampona

Mailing Address

1 Physicians Plz Ste 282

City

Fairmont

State

WV

Zip Code

26554-

Date of Receipt

10 / 29 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

225.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1030200225C41145181

SUBTOTAL of Receipts This Page (optional) ▶

1090.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Manuel Garston

Mailing Address

Box 985 Victoria Station

City

State

Zip Code

Aguadilla

PR

00605-0965

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

Amount of Each Receipt this Period

125.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Transaction ID: 1105200232C41315183

Full Name (Last, First, Middle Initial)

B. Manuel Garston

Mailing Address

Box 985 Victoria Station

City

State

Zip Code

Aguadilla

PR

00605-0965

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

Amount of Each Receipt this Period

125.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1090200225C41194184

Full Name (Last, First, Middle Initial)

C. Manuel Garston

Mailing Address

Box 985 Victoria Station

City

State

Zip Code

Aguadilla

PR

00605-0965

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

Amount of Each Receipt this Period

125.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Transaction ID: 1105200232C41429185

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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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 Gessler

Mailing Address

3231 S National

City

Springfield

State

MO

Zip Code

65807-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Transaction ID: 1204200218C41723189

Full Name (Last, First, Middle Initial)

B. Richard Gebick

Mailing Address

Optic Care

87 Grandview Ave

City

Waterbury

State

CT

Zip Code

06708-

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C41209190

Full Name (Last, First, Middle Initial)

C. Walter Gilbert

Mailing Address

1820 Barrs St Ste 122

City

Jacksonville

State

FL

Zip Code

32204-

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 2 9 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1030200225C41186182

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

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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 Gillies

Mailing Address

1 Lyons St

City

State

Zip Code

Dedham

MA

02026-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C41433193

Full Name (Last, First, Middle Initial)

B. William Gilman

Mailing Address

1519 E Sixth St

City

State

Zip Code

Weslaco

TX

78596-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Transaction ID: 1204200218C41813194

Full Name (Last, First, Middle Initial)

C. Michael Glavin

Mailing Address

426 Sherwood Road

City

State

Zip Code

La Grange Park

IL

60526-

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 2 9 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1030200225C41143196

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sanjay Gaei

Mailing Address

5824 Wild Orange Gate

City

State

Zip Code

Columbia

MD

21029-1656

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

1000.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Transaction ID: 1105200232C41351197

Full Name (Last, First, Middle Initial)

B. Michael Goldberg

Mailing Address

2296 Opitz Blvd #120

City

State

Zip Code

Woodbridge

VA

22191-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 9 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1090200225C41179199

Full Name (Last, First, Middle Initial)

C. Michael Goldberg

Mailing Address

2296 Opitz Blvd #120

City

State

Zip Code

Woodbridge

VA

22191-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Transaction ID: 1204200218C41671200

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Edward Goldman

Mailing Address

4000 Old Ct Rd

Ste 200

City

State

Zip Code

Baltimore

MD

21208-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

350.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: 1030200225C41156201

Full Name (Last, First, Middle Initial)

B. Howard Goldman

Mailing Address

850 NW 13th St

City

State

Zip Code

Boca Raton

FL

33486-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41490202

Full Name (Last, First, Middle Initial)

C. Bruce Gordon

Mailing Address

170 Maple Ave

City

State

Zip Code

White Plains

NY

10601-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1105200232C41369203

SUBTOTAL of Receipts This Page (optional)

815.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Joel Gottlieb

Mailing Address

Roxbury Eye Center PC

86 Sunset Strip Ste 107

City

State

Zip Code

Succasunna

NJ

07876-1345

Date of Receipt

11 / 07 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41560204

Full Name (Last, First, Middle Initial)

B. Merrill Greenbarger

Mailing Address

8630 Kenton

City

State

Zip Code

Skokie

IL

60076-

Date of Receipt

11 / 14 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

650.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Transaction ID: 1204200218C41674208

Full Name (Last, First, Middle Initial)

C. Russell Guba

Mailing Address

220 Knickerbocker Rd

City

State

Zip Code

Cresskill

NJ

07826-

Date of Receipt

10 / 29 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C41338213

SUBTOTAL of Receipts This Page (optional) ▶

965.00

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Carter Gussler

Mailing Address

Medical Arts Bldg

2301 Lexington Ave

City

State

Zip Code

Ashland

KY

41101-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C41442216

Full Name (Last, First, Middle Initial)

B. Leola Hale

Mailing Address

White Wilson Medical Center

1005 Mar Walt Dr

City

State

Zip Code

Fort Walton Beach

FL

32547-6796

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 120420021BC4155121B

Full Name (Last, First, Middle Initial)

C. John Haley

Mailing Address

Garland Ophthalmology Center

1626 Forest Ln Ste B

City

State

Zip Code

Garland

TX

75042-7907

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Transaction ID: 1105200232C41449219

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Hammer

Mailing Address

2522 W Jetton Ave

City

State

Zip Code

Tampa

FL

33629-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

865.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Transaction ID: 1105200232C41462220

Full Name (Last, First, Middle Initial)

B. G Robert Hampton

Mailing Address

Ret-Vit Surgeons of Central NY

3107 E Genesee St

City

State

Zip Code

Syracuse

NY

13224-1646

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 4 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 120420021BC41695221

Full Name (Last, First, Middle Initial)

C. Robert Harbin

Mailing Address

Harbin Clinic Eye Ctr

1825 Martha Berry Blvd

City

State

Zip Code

Rome

GA

30165-1898

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 120420021BC41631224

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Brian Harper

Mailing Address

PO Box 352

City

State

Zip Code

Rockdale

TX

76567-0352

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 0 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer

EYE DISEASES & LASER SURGERY A

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41743225

Full Name (Last, First, Middle Initial)

B. David Harris

Mailing Address

1928 Alcoa Hwy

Sta 324

City

State

Zip Code

Knoxville

TN

37920-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer

self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C41461226

Full Name (Last, First, Middle Initial)

C. Jean Hausheer

Mailing Address

4322 N Hickory Lane

City

State

Zip Code

Kansas City

MO

64116-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer

self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Transaction ID: 1105200232C41229227

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Weldon Havins

Mailing Address

8B Ancient Hills Ln

City

State

Zip Code

Henderson

NV

89074-1750

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Transaction ID: 1105200232C41299228

Full Name (Last, First, Middle Initial)

B. Stewart Hazel

Mailing Address

Duluth Clinic Ophth

400 E Third St

City

State

Zip Code

Duluth

MN

55805-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Transaction ID: 120420021BC4173123D

Full Name (Last, First, Middle Initial)

C. Richard Raymond Hackert

Mailing Address

Green Bay Eye Clinic LTD

417 S Monroe Ave PO Box 22425

City

State

Zip Code

Green Bay

WI

54305-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 120420021BC41553232

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Heimer

Mailing Address

507 Locust Ln

City

State

Zip Code

State College

PA

16801-

FEC ID number of contributing
federal political committee.

Date of Receipt

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

Amount of Each Receipt this Period

385.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Transaction ID: 1204200218C41623233

Full Name (Last, First, Middle Initial)

B. Karl Frederick Heitman

Mailing Address

Southern Eye Assoc

104 Simpson St

City

State

Zip Code

Greenville

SC

29605-4413

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

Amount of Each Receipt this Period

750.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1105200232C41213234

Full Name (Last, First, Middle Initial)

C. Eve Higginbotham

Mailing Address

Ophth Dept/ Univ MD Baltimore

419 W Redwood St

City

State

Zip Code

Baltimore

MD

21201-1734

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1204200218C41818237

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stephen Higgins

Mailing Address

Kalamazoo Ophthalmology PC

3412 W Centre St

City

State

Zip Code

Portage

MI

49024-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41793238

Full Name (Last, First, Middle Initial)

B. Gary Hirschfield

Mailing Address

42-31 Coldern St Ste 102

City

State

Zip Code

Flushing

NY

11355-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41748238

Full Name (Last, First, Middle Initial)

C. Elizabeth Hodapp

Mailing Address

245 E Riva Alto Dr

City

State

Zip Code

Miami Beach

FL

33139-1267

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41502241

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Timothy Holekamp

Mailing Address

500 Keene St Ste 102

City

State

Zip Code

Columbia

MO

65201-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1030200225C41144242

Full Name (Last, First, Middle Initial)

B. Jack Holladay

Mailing Address

5108 Braeburn

City

State

Zip Code

Bellaire

TX

77401-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 120420021BC41B55243

Full Name (Last, First, Middle Initial)

C. Joseph Hoener

Mailing Address

393 Turnwill Ln

City

State

Zip Code

Kalamazoo

MI

49006-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 120420021BC41771244

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Howcroft

Mailing Address

6D15 Jersey Ridge Rd

City

State

Zip Code

Davenport

IA

52807-3202

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1204200226C41693245

Full Name (Last, First, Middle Initial)

B. Mark Hughes

Mailing Address

73 Chatham St

City

State

Zip Code

Brookline

MA

02446-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

1250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

3375.00

Transaction ID: 1105200232C41459248

Full Name (Last, First, Middle Initial)

C. David Hunter

Mailing Address

1000 Ballpark Way Ste 303

City

State

Zip Code

Arlington

TX

76011-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 120420021BC41554249

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. B Thomas Hutchinson

Mailing Address

Ophthalmic Consultants Boston

50 Staniford St #600

City

State

Zip Code

Boston

MA

02114-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41774250

Full Name (Last, First, Middle Initial)

B. Kathy Hwang

Mailing Address

3301 New Mexico Ave NW Ste 314

City

State

Zip Code

Washington

DC

20016-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1105200232C41510251

Full Name (Last, First, Middle Initial)

C. Hector Ibanez

Mailing Address

De Diego 14 Este

Ste 204

City

State

Zip Code

Mayaguez

PR

00880-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Transaction ID: 1105200232C41468253

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Edward Isbey

Mailing Address

Asheville Eye Associates

8 Medical Park Dr

City

State

Zip Code

Asheville

NC

28803-2493

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1204200218C41762255

Full Name (Last, First, Middle Initial)

B. Morton Israel

Mailing Address

802 Magnolia St Ste 205

City

State

Zip Code

Corona

CA

92879-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

75.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Transaction ID: 1105200232C41338256

Full Name (Last, First, Middle Initial)

C. Glen Janus

Mailing Address

6319 Greenleaf Ave

City

State

Zip Code

Whittier

CA

90801-3538

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1030200225C41174280

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Eric Johnson

Mailing Address

288 Warren Street

City

State

Zip Code

Brookline

MA

02445-5927

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41795262

Full Name (Last, First, Middle Initial)

B. John Jones

Mailing Address

1828 Medical Arts Blvd

City

State

Zip Code

Anderson

IN

46011-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41734264

Full Name (Last, First, Middle Initial)

C. Jerome Jordan

Mailing Address

200 Mifflin Avenue

City

State

Zip Code

Scranton

PA

18503-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 5 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Transaction ID: 1204200218C41891265

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Neal Kaplan

Mailing Address

4669 Main St Ste 106

City

State

Zip Code

Bridgeport

CT

06606-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41707268

Full Name (Last, First, Middle Initial)

B. Kenneth Katz

Mailing Address

Eye Associates of Tallahassee

2819 Capital Medical Boulevard

City

State

Zip Code

Tallahassee

FL

32308-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1105200232C41431270

Full Name (Last, First, Middle Initial)

C. Neil Katz

Mailing Address

984 N Broadway Ste L-02

City

State

Zip Code

Yonkers

NY

10701-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41685271

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Curtin Kelley

Mailing Address

303 E Town St

Ste 270

City

State

Zip Code

Columbus

OH

43215-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Transaction ID: 1204200218C41587273

Full Name (Last, First, Middle Initial)

B. Stephen Kelly

Mailing Address

PO Box 1727

City

State

Zip Code

Brownwood

TX

76804-1727

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

1000.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1105200232C41359274

Full Name (Last, First, Middle Initial)

C. Stephen Kelly

Mailing Address

PO Box 1727

City

State

Zip Code

Brownwood

TX

76804-1727

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1105200232C41358275

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Stephen Kelly

Mailing Address

PO Box 1727

City

State

Zip Code

Brownwood

TX

76804-1727

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1105200232C41357276

Full Name (Last, First, Middle Initial)

B. John Kennedy

Mailing Address

1875 Providence Ave

City

State

Zip Code

Schenectady

NY

12309-

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41271277

Full Name (Last, First, Middle Initial)

C. Dennis Keenan

Mailing Address

849 Broadway

City

State

Zip Code

Massapequa

NY

11758-2313

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 120420021BC4177627B

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Ketchum

Mailing Address

1407 W 4th St

City

State

Zip Code

Red Wing

MN

55066-2108

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period

125.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Transaction ID: 1105200232C41320270

Full Name (Last, First, Middle Initial)

B. Jeffrey Ketchum

Mailing Address

1407 W 4th St

City

State

Zip Code

Red Wing

MN

55066-2108

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period

125.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C41290280

Full Name (Last, First, Middle Initial)

C. Tim Kheer

Mailing Address

5109 80th St

City

State

Zip Code

Lubbock

TX

79424-3017

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

Amount of Each Receipt this Period

91.25

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1105200232C41218281

SUBTOTAL of Receipts This Page (optional)

341.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Kilpatrick

Mailing Address

7550 East Second Street

City

State

Zip Code

Scottsdale

AZ

85251-

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 5 2 0 0 2

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41528285

Full Name (Last, First, Middle Initial)

B. Merta King

Mailing Address

P.O. Box 698

2800 Wilson Ave

City

State

Zip Code

Miles City

MT

59301-0698

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 3 1 2 0 0 2

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 1105200232C41220287

Full Name (Last, First, Middle Initial)

C. F Randal Krehner

Mailing Address

2121 Fairfield Ave

Ste 120

City

State

Zip Code

Shreveport

LA

71104-

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 4 2 0 0 2

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41708288

SUBTOTAL of Receipts This Page (optional)

865.00

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Cleveland Kirkland

Mailing Address

PO Box 22000

City

State

Zip Code

San Angelo

TX

76902-2000

Date of Receipt

N M / D E / Y Y Y Y
11 / 07 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1204200218C41563290

Full Name (Last, First, Middle Initial)

B. Richard Klein

Mailing Address

628 Cedar Lane

City

State

Zip Code

Teaneck

NJ

07666-

Date of Receipt

N M / D E / Y Y Y Y
11 / 18 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41772292

Full Name (Last, First, Middle Initial)

C. William Kneuer

Mailing Address

2535 Riverside Ave

City

State

Zip Code

Jacksonville

FL

32204-

Date of Receipt

N M / D E / Y Y Y Y
10 / 31 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

1000.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Transaction ID: 1105200232C41347293

SUBTOTAL of Receipts This Page (optional)

1665.00

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

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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 Knupp

Mailing Address

5220 S 8th St Ste 2330

City

State

Zip Code

Springfield

IL

62703-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41280294

Full Name (Last, First, Middle Initial)

B. Steven Koenig

Mailing Address

3D E 40th St

City

State

Zip Code

New York

NY

10016-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 120420021BC41711296

Full Name (Last, First, Middle Initial)

C. Stephen Thomas Kondash

Mailing Address

Tri-State Eye Care Inc

2841 Boudinot Ave 1-A

City

State

Zip Code

Cincinnati

OH

45206-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Transaction ID: 1105200232C4123729B

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)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Karanjit Kooner

Mailing Address

5323 Harry Hines Blvd

City

State

Zip Code

Dallas

TX

75390-9057

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1204200218C41660299

Full Name (Last, First, Middle Initial)

B. Frank Kresca

Mailing Address

3 Mayfair Crt

City

State

Zip Code

Champaign

IL

61821-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

350.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41288301

Full Name (Last, First, Middle Initial)

C. Paul Kuch

Mailing Address

Gundersen Lutheran Eye Clinic

1836 S Ave

City

State

Zip Code

La Crosse

WI

54601-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: 1204200218C41783304

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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or each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Fred Kurata

Mailing Address

420 E Third St Ste 803

City

Los Angeles

State

CA

Zip Code

90013-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41765305

Full Name (Last, First, Middle Initial)

B. Alan Lucasta

Mailing Address

The Eye Clinic

1717 Oak Park Blvd Ste 1

City

Lake Charles

State

LA

Zip Code

70601-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C41505306

Full Name (Last, First, Middle Initial)

C. Kenneth Lafleur

Mailing Address

1110 Dr. A. C. Terrence Blvd Ste 2

City

Opelousas

State

LA

Zip Code

70570-8448

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: 1105200232C41272308

SUBTOTAL of Receipts This Page (optional) ▶

1050.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Charles Lankin

Mailing Address

Suite 3F

55 Arch Street

City

State

Zip Code

Akron

OH

44304-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

385.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1030200225C41164310

Full Name (Last, First, Middle Initial)

B. Russell Laswik

Mailing Address

1226 NE Seventh Street

City

State

Zip Code

Grants Pass

OR

97526-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 120420021BC41592313

Full Name (Last, First, Middle Initial)

C. Andrew Lee

Mailing Address

Univ Iowa-Dept of Opth

200 Hawkins Dr

City

State

Zip Code

Iowa City

IA

52242-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Transaction ID: 120420021BC41651315

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Andrew Lee

Mailing Address

Univ Iowa-Dept of Ophth

200 Hawkins Dr

City

State

Zip Code

Iowa City

IA

52242-

Date of Receipt

11 / 25 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Transaction ID: 1204200218C41886316

Full Name (Last, First, Middle Initial)

B. Terry John Lee

Mailing Address

231 SE Barrington Dr Ste 20B

City

State

Zip Code

Oak Harbor

WA

98277-

Date of Receipt

11 / 07 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Transaction ID: 1204200218C41822318

Full Name (Last, First, Middle Initial)

C. Jerry Lehmann

Mailing Address

Eye Ctrs of SE Texas LLP

3129 College

City

State

Zip Code

Beaumont

TX

77701-

Date of Receipt

10 / 31 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41234320

SUBTOTAL of Receipts This Page (optional) ▶

865.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Monte Leidenix

Mailing Address

2520 Smokey Ln

City

State

Zip Code

Bismarck

ND

58504-

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 2 0 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: 1105200232C41305321

Full Name (Last, First, Middle Initial)

B. Andrew Leveda

Mailing Address

Ophthalmic Surgical Assoc

1201 W Main St Ste 100

City

State

Zip Code

Waterbury

CT

06708-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 120420021BC41589322

Full Name (Last, First, Middle Initial)

C. Daniel Levin

Mailing Address

University Eye Specialists PC

408 North Main St

City

State

Zip Code

Warsaw

NY

14509-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Transaction ID: 120420021BC41704323

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Alan Levine

Mailing Address

2025 Kings Highway

City

Brooklyn

State

NY

Zip Code

11229-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

108.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Transaction ID: 1204200218C41574324

Full Name (Last, First, Middle Initial)

B. David Levine

Mailing Address

Ste H2

19271 Montgomery Village Ave

City

Montgomery Village

State

MD

Zip Code

20886-5029

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C41242325

Full Name (Last, First, Middle Initial)

C. Suzanne Li

Mailing Address

2100 Webster St

Ste 209

City

San Francisco

State

CA

Zip Code

94115-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41805328

SUBTOTAL of Receipts This Page (optional)

723.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lawrence Loewenthal

Mailing Address

44650 Delco Blvd

City

State

Zip Code

Sterling Heights

MI

48313-1024

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Transaction ID: 1204200218C41778333

Full Name (Last, First, Middle Initial)

B. Manuel Lopez De Victoria

Mailing Address

1250 Jesus T Pinero Avenue

City

State

Zip Code

San Juan

PR

00921-

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 8 2 0 0 2

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C41318334

Full Name (Last, First, Middle Initial)

C. Manuel Lopez De Victoria

Mailing Address

1250 Jesus T Pinero Avenue

City

State

Zip Code

San Juan

PR

00921-

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 8 2 0 0 2

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41300335

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kenneth Low

Mailing Address

38707 Stivers St Ste B

City

State

Zip Code

Fremont

CA

94536-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41675336

Full Name (Last, First, Middle Initial)

B. Richard Low

Mailing Address

5A Fulling Mill Lane

City

State

Zip Code

Hingham

MA

02043-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 0 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41844337

Full Name (Last, First, Middle Initial)

C. Ronald Lowery

Mailing Address

#10 Hospital Cir

City

State

Zip Code

Batesville

AR

72501-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 2 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1204200218C41877338

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Maurice Luntz

Mailing Address

7 115 E 61st St

City State Zip Code

New York NY 10021-8183

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41331340

Full Name (Last, First, Middle Initial)

B. Maurice Luntz

Mailing Address

7 115 E 61st St

City State Zip Code

New York NY 10021-8183

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

Amount of Each Receipt this Period

.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1030200225C41183341

Full Name (Last, First, Middle Initial)

C. Maurice Luntz

Mailing Address

7 115 E 61st St

City State Zip Code

New York NY 10021-8183

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Transaction ID: 1030200225C41183342

SUBTOTAL of Receipts This Page (optional) ▶

600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Maurice Luntz

Mailing Address

7 115 E 81st St

City State Zip Code

New York NY 10021-8183

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period

.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Transaction ID: 1030200225C41184343

Full Name (Last, First, Middle Initial)

B. Thomas Manzo

Mailing Address

1329 E High St

City State Zip Code

Pottstown PA 19464

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 / 2 0 0 2

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C411830348

Full Name (Last, First, Middle Initial)

C. David Marshburn

Mailing Address

15925 E Whittier Blvd

City State Zip Code

Whittier CA 90803

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1105200232C411312350

SUBTOTAL of Receipts This Page (optional) ▶

800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Benjamin Marin

Mailing Address

4120 Del Prado Boulevard

City

State

Zip Code

Cape Coral

FL

33904-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41561351

Full Name (Last, First, Middle Initial)

B. Gary Mason

Mailing Address

7777 Southwest Fwy Ste 834

City

State

Zip Code

Houston

TX

77074-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Transaction ID: 1105200232C41482354

Full Name (Last, First, Middle Initial)

C. Jack Mason

Mailing Address

555 South Dora Street

City

State

Zip Code

Ukiah

CA

95482-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41430355

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Samuel Masters

Mailing Address

1863 Dominican Way #212

City

State

Zip Code

Santa Cruz

CA

95065-1527

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 2 0 0 2

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 120420021BC41632356

Full Name (Last, First, Middle Initial)

B. Raul Masvidal

Mailing Address

250 SW Le Jeune Rd

City

State

Zip Code

Miami

FL

33134-

FEC ID number of contributing
federal political committee.

Date of Receipt

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

Amount of Each Receipt this Period

665.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Transaction ID: 120420021BC41572357

Full Name (Last, First, Middle Initial)

C. Raj Mehra

Mailing Address

Midwest Eye Inst

201 Pennsylvania Pkwy

City

State

Zip Code

Indianapolis

IN

46204-

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 4 2 0 0 2

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 120420021BC41728359

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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or each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ronald May

Mailing Address

740 Waukegan Rd Ste 360

City

State

Zip Code

Deerfield

IL

60015-3211

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41352360

Full Name (Last, First, Middle Initial)

B. Kevin McAuliffe

Mailing Address

8825 San Jose Boulevard

City

State

Zip Code

Jacksonville

FL

32257-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Transaction ID: 120420021BC41767361

Full Name (Last, First, Middle Initial)

C. Charles McCormick

Mailing Address

30 North Emerson

City

State

Zip Code

Greenwood

IN

46143-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 5 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 120420021BC41548364

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Charles McCormick

Mailing Address

3D North Emerson

City

State

Zip Code

Greenwood

IN

46143-

Date of Receipt

N M / D E / Y Y Y Y
11 05 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41547365

Full Name (Last, First, Middle Initial)

B. Charles McCormick

Mailing Address

3D North Emerson

City

State

Zip Code

Greenwood

IN

46143-

Date of Receipt

N M / D E / Y Y Y Y
11 05 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1204200218C41543366

Full Name (Last, First, Middle Initial)

C. Bobby McCullen

Mailing Address

2325 Aberdeen Boulevard Ste A

City

State

Zip Code

Gastonia

NC

28054-

Date of Receipt

N M / D E / Y Y Y Y
11 04 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Transaction ID: 1105200232C41452367

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Daryl Lee McDaniel

Mailing Address

Ste 324 192B Alcoa Highway

City State Zip Code

Knoxville TN 37920-2217

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41323368

Full Name (Last, First, Middle Initial)

B. Michael McEwen

Mailing Address

Ste 3D4 100 Medical Center Dr

City State Zip Code

Gadsden AL 35903-1130

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 1 / 2 0 0 2

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41358368

Full Name (Last, First, Middle Initial)

C. Timothy McInnis

Mailing Address

Medical Eye Specialists PC 300 N Willson Ave Ste 1003

City State Zip Code

Bozeman MT 59715-

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C4124137D

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wallace McLeod

Mailing Address

1330 Interstate Pkwy

City

State

Zip Code

Augusta

GA

30909-5625

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer

EYE PHYSICIANS & SURGEONS OF A

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41296371

Full Name (Last, First, Middle Initial)

B. Douglas Merritt

Mailing Address

1226 NE Seventh St

City

State

Zip Code

Grants Pass

OR

97526-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer

self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 120420021BC41609372

Full Name (Last, First, Middle Initial)

C. Michael Edward Migdon

Mailing Address

690 Eddy St

City

State

Zip Code

Providence

RI

02903-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer

self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Transaction ID: 120420021BC41580374

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kenneth Miller

Mailing Address

Miller Ophth Assoc LLC

211 Irvington Ave

City

State

Zip Code

South Orange

NJ

07079-

Date of Receipt

11 / 07 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

290.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Transaction ID: 1204200218C41576375

Full Name (Last, First, Middle Initial)

B. Marianne Miller-Meeks

Mailing Address

Heartland Eye Care

1005 E Pennsylvania Ave, Ste #110

City

State

Zip Code

Ottumwa

IA

52501-

Date of Receipt

11 / 04 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
HEARTLAND EYE CARE

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41450377

Full Name (Last, First, Middle Initial)

C. Richard Mills

Mailing Address

801 Rose St E-316

University of Kentucky Ophth Dept

City

State

Zip Code

Lexington

KY

40536-0264

Date of Receipt

11 / 19 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

350.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Transaction ID: 1204200218C41740378

SUBTOTAL of Receipts This Page (optional)

1140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jonathan Mines

Mailing Address

505 Druid Road East

City

State

Zip Code

Clearwater

FL

33756-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41780379

Full Name (Last, First, Middle Initial)

B. Carl Minning

Mailing Address

2835 Maple Ave

City

State

Zip Code

Zanesville

OH

43701-1872

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 5 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

400.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 1204200218C41538380

Full Name (Last, First, Middle Initial)

C. Helen Mitze-Hitner

Mailing Address

Suite 920

6410 Fannin

City

State

Zip Code

Houston

TX

77030-5204

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1105200232C41265381

SUBTOTAL of Receipts This Page (optional)

1130.00

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

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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 Morimoto

Mailing Address

612 Wildwood Dr

City

Joliet

State

IL

Zip Code

60431-4891

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 1105200232C41463388

Full Name (Last, First, Middle Initial)

B. Charles Dennis Mullenix

Mailing Address

1531 Basswood Circle

City

Glenview

State

IL

Zip Code

60025-

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C41278388

Full Name (Last, First, Middle Initial)

C. Thomas Mundorf

Mailing Address

Thomas K Mundorf MD

City

Charlotte

1718 East Fourth Street Ste 703

State

NC

Zip Code

28204-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 120420021BC41804380

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Munsch

Mailing Address

7408 Buckingham Ct

City

St Louis

State

MO

Zip Code

63105-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Transaction ID: 1204200218C41709392

Full Name (Last, First, Middle Initial)

B. James Murphy

Mailing Address

5202 Faraon St

City

Saint Joseph

State

MO

Zip Code

64506-

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41228393

Full Name (Last, First, Middle Initial)

C. C Blake Myers

Mailing Address

131 Commonwealth Dr Ste 390

City

Greenville

State

SC

Zip Code

29615-4840

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 9 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Transaction ID: 1204200218C41750394

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Clifford Myers

Mailing Address

Ste 1B 5401 N Knoxville Ave

City State Zip Code

Peoria IL 61614

Date of Receipt

11 / 14 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 120420021BC41689395

Full Name (Last, First, Middle Initial)

B. Daniel Nadler

Mailing Address

Ste 270 408 Broad St

City State Zip Code

Sewickley PA 15143-1558

Date of Receipt

11 / 21 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 120420021BC41687396

Full Name (Last, First, Middle Initial)

C. Richard Neehring

Mailing Address

1309 Liberty St SE

City State Zip Code

Salem OR 97302

Date of Receipt

11 / 07 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 120420021BC41618397

SUBTOTAL of Receipts This Page (optional) ▶

915.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Philip Nelsen

Mailing Address

Retina Consultants Ste E

Jobst Tower/2108 Hughes Dr

City

State

Zip Code

Toledo

OH

43606-5141

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 4 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41701398

Full Name (Last, First, Middle Initial)

B. Leo Neu

Mailing Address

1265 E Primrose St

City

State

Zip Code

Springfield

MO

65804-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41249398

Full Name (Last, First, Middle Initial)

C. Michael Newton

Mailing Address

799 Park Ave

City

State

Zip Code

New York

NY

10021-3275

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C41273400

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Van Nash

Mailing Address

Raleigh Ophth & Surg Eye Assoc 2709 Blue Ridge Rd Ste 100

City State Zip Code

Raleigh NC 27607-6427

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Transaction ID: 1030200225C41172402

Full Name (Last, First, Middle Initial)

B. Arnold Nothnagel

Mailing Address

4690 Munson Street NW

City State Zip Code

Canton OH 44718-3636

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41337404

Full Name (Last, First, Middle Initial)

C. Sara O'Donnell

Mailing Address

7504 Antioch Rd

City State Zip Code

Overland Park KS 66204-

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

Amount of Each Receipt this Period

.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Transaction ID: 1030200225C41158405

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sara OConnell

Mailing Address

7504 Antioch Rd

City

State

Zip Code

Overland Park

KS

66204-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1030200225C41159406

Full Name (Last, First, Middle Initial)

B. Patrick OConnor

Mailing Address

Ste 12

4025 E Southcross Blvd

City

State

Zip Code

San Antonio

TX

78222-3640

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41504407

Full Name (Last, First, Middle Initial)

C. Randall Olson

Mailing Address

Univ Med Ctr Dept of Oph

50 N Medical Dr

City

State

Zip Code

Salt Lake City

UT

84132-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 120420021BC41B3941D

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

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Use separate schedule(s)
or each category of the
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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 Orr

Mailing Address

Spectrum Eye Care Inc.

192D S Main St Ste B

City

State

Zip Code

Findlay

OH

45840-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C41243414

Full Name (Last, First, Middle Initial)

B. Anthony Panariello

Mailing Address

203 Palisade Avenue

City

State

Zip Code

Jersey City

NJ

07306-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

1000.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Transaction ID: 120420021BC41732416

Full Name (Last, First, Middle Initial)

C. Patrick Parden

Mailing Address

1814 Lincoln Way

City

State

Zip Code

Coeur d'Alene

ID

83814-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Transaction ID: 120420021BC41650417

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Parke

Mailing Address

130 Chimney Hill Rd

City

State

Zip Code

Wallingford

CT

06492-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1105200232C41364418

Full Name (Last, First, Middle Initial)

B. David Parke

Mailing Address

130 Chimney Hill Rd

City

State

Zip Code

Wallingford

CT

06492-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1105200232C41362419

Full Name (Last, First, Middle Initial)

C. David Parke

Mailing Address

130 Chimney Hill Rd

City

State

Zip Code

Wallingford

CT

06492-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1105200232C41363420

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jack Pearson

Mailing Address

615 S Mill St

City

State

Zip Code

Fergus Falls

MN

56537-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41843425

Full Name (Last, First, Middle Initial)

B. Todd Perkins

Mailing Address

2870 University Ave #206

City

State

Zip Code

Madison

WI

53705-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 5 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Professor

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41844426

Full Name (Last, First, Middle Initial)

C. Julie Perry

Mailing Address

Ste D

999 Adams St

City

State

Zip Code

Saint Helena

CA

94574-1149

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Transaction ID: 1105200232C41313428

SUBTOTAL of Receipts This Page (optional)

1030.00

TOTAL This Period (last page this line number only)

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ITEMIZED RECEIPTS

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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 Peterson

Mailing Address

Rocky Moutain Eye Center

700 W Kent Ave

City

State

Zip Code

Missoula

MT

59801-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1204200218C41614431

Full Name (Last, First, Middle Initial)

B. William Phelps

Mailing Address

10611 Garland Rd Ste 217

City

State

Zip Code

Dallas

TX

75218-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

665.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Transaction ID: 1105200232C41503433

Full Name (Last, First, Middle Initial)

C. Anthony Placano

Mailing Address

New York Eye Srgy Ctr

1101 Pelham Pkwy N

City

State

Zip Code

Bronx

NY

10469-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1204200218C41827434

SUBTOTAL of Receipts This Page (optional)

915.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jon Paris

Mailing Address

1380 Lusitana St

Ste 714

City

State

Zip Code

Honolulu

HI

06813-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41251436

Full Name (Last, First, Middle Initial)

B. Claire Price

Mailing Address

The Eye Group

3000 Rogers Ave

City

State

Zip Code

Fort Smith

AR

72901-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41469436

Full Name (Last, First, Middle Initial)

C. Thomas Ougley

Mailing Address

6091 S Pointe Blvd

Attn Karen Bell

City

State

Zip Code

Fort Myers

FL

33919-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1030200225C41204442

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lawrence Quist

Mailing Address

710 E 24th St

Ste 205

City

State

Zip Code

Minneapolis

MN

55404-3810

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 1 / 2 0 0 2

Amount of Each Receipt this Period

150.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1204200218C41857443

Full Name (Last, First, Middle Initial)

B. Robert Raden

Mailing Address

3202 Fallstaff Rd

City

State

Zip Code

Baltimore

MD

21215-1721

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 4 / 2 0 0 2

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41702444

Full Name (Last, First, Middle Initial)

C. Vadrevu Raju

Mailing Address

3140 Collins Ferry Rd

City

State

Zip Code

Morgantown

WV

26505-3352

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 / 2 0 0 2

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41837445

SUBTOTAL of Receipts This Page (optional) ►

880.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. HWilliam Ranele

Mailing Address

Fort Worth Eye Assoc

500D Collinwood At Camp Bowie

City

State

Zip Code

Fort Worth

TX

76107-9630

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Transaction ID: 1105200232C41240446

Full Name (Last, First, Middle Initial)

B. August Reader

Mailing Address

2100 Webster St Ste 214

City

State

Zip Code

San Francisco

CA

94115-

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41267448

Full Name (Last, First, Middle Initial)

C. Mike Reynolds

Mailing Address

1301 W 12th Ave #106

City

State

Zip Code

Emporia

KS

66801-2572

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 2 9 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Transaction ID: 1105200232C41295451

SUBTOTAL of Receipts This Page (optional)

1065.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Richardson

Mailing Address

416 W Las Tunas Dr Ste 102

City

State

Zip Code

San Gabriel

CA

91776-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 5 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

1000.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1204200218C41523452

Full Name (Last, First, Middle Initial)

B. Michael Richie

Mailing Address

Faribault Clinic

924 NE First St

City

State

Zip Code

Faribault

MN

55021-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

1000.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Transaction ID: 1204200218C41619453

Full Name (Last, First, Middle Initial)

C. Allen Richmond

Mailing Address

3998 Red Lion Rd

Ste 302

City

State

Zip Code

Philadelphia

PA

19114-1441

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 4 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1204200218C41677455

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)
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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 Richmond

Mailing Address

932 Spring Creek Road

City

State

Zip Code

Chattanooga

TN

37412-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 2 0 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Transaction ID: 1204200218C41851456

Full Name (Last, First, Middle Initial)

B. Jeffrey Rinkoff

Mailing Address

658 Siskiyau Blvd

City

State

Zip Code

Ashland

OR

97520-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41558458

Full Name (Last, First, Middle Initial)

C. Frank Romano

Mailing Address

102 Fairview Dr Ste H

Southampton Medical Bldg

City

State

Zip Code

Franklin

VA

23851-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1204200218C41690463

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Martin Rosenberg

Mailing Address

2003 Medical Pkwy

Sta G-80

City

State

Zip Code

Annapolis

MD

21401-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

125.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Transaction ID: 1030200225C41166464

Full Name (Last, First, Middle Initial)

B. Martin Rosenberg

Mailing Address

2003 Medical Pkwy

Sta G-80

City

State

Zip Code

Annapolis

MD

21401-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

125.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 120420021BC411597465

Full Name (Last, First, Middle Initial)

C. Michael Rosenberg

Mailing Address

675 N Saint Clair St #15-150

City

State

Zip Code

Chicago

IL

60611-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1030200225C41157466

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Harvey Rosenblum

Mailing Address

220 Madison Ave

City

State

Zip Code

New York

NY

10016-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 5 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1204200218C41522467

Full Name (Last, First, Middle Initial)

B. Leland Rosenblum

Mailing Address

Ste 2D1

798 Cass St

City

State

Zip Code

Monterey

CA

93940-2918

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41248469

Full Name (Last, First, Middle Initial)

C. Stanley Rous

Mailing Address

Ste 206

7800 W Oakland Park Blvd

City

State

Zip Code

Fort Lauderdale

FL

33351-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Transaction ID: 1105200232C4149147D

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jay Rudd

Mailing Address

Clarus Eye Center

420 Lilly Rd Ne

City

State

Zip Code

Olympia

WA

98506-

Date of Receipt

11 / 14 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1204200218C41682474

Full Name (Last, First, Middle Initial)

B. Richard Ruiz

Mailing Address

Hermann Eye Ctr

6411 Fannin St/7th Fl

City

State

Zip Code

Houston

TX

77030-

Date of Receipt

11 / 12 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41688475

Full Name (Last, First, Middle Initial)

C. Matthew Runda

Mailing Address

W5534 Southdale Dr

City

State

Zip Code

La Crosse

WI

54601-

Date of Receipt

10 / 29 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1105200232C41308477

SUBTOTAL of Receipts This Page (optional)

1065.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Herman Rundle

Mailing Address

1125 E 17th St

Ste E204

City

State

Zip Code

Santa Ana

CA

92701-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

385.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1105200232C41354478

Full Name (Last, First, Middle Initial)

B. Nelson Sabates

Mailing Address

Ste 2100

4321 Washington St

City

State

Zip Code

Kansas City

MO

64111-5926

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41644479

Full Name (Last, First, Middle Initial)

C. John Saar

Mailing Address

3901 Houma Blvd Ste 310 Plaza I

City

State

Zip Code

Metairie

LA

70006-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

750.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Transaction ID: 1105200232C41233480

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Anthony Salowski

Mailing Address

6 Tapscott Rd

City

State

Zip Code

Richmond

VA

23226-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41706481

Full Name (Last, First, Middle Initial)

B. Fernando Salazar

Mailing Address

P.O. Box 1169

City

State

Zip Code

Mayaguez

PR

00681-1169

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41322482

Full Name (Last, First, Middle Initial)

C. Juan Sanchez

Mailing Address

10835 Hilltop Dr

City

State

Zip Code

New Port Richey

FL

34854-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 5 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41542484

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Delia Sang

Mailing Address

73 Chatham St

City

State

Zip Code

Brookline

MA

02446-

Date of Receipt

11 / 04 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

1250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

3375.00

Transaction ID: 1105200232C41457485

Full Name (Last, First, Middle Initial)

B. Shweta Saraf

Mailing Address

Rt 84 S & Bunn Rd

PO Box 458

City

State

Zip Code

Hamburg

NJ

07419-0458

Date of Receipt

11 / 20 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

1000.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Transaction ID: 120420021BC41B48486

Full Name (Last, First, Middle Initial)

C. Karan Schneider

Mailing Address

2600 Netherland Avenue

City

State

Zip Code

Bronx

NY

10463-

Date of Receipt

11 / 25 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

150.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Transaction ID: 120420021BC41B8348D

SUBTOTAL of Receipts This Page (optional) ▶

2400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Timothy Schneider

Mailing Address

Ste 100 8761 Perimeter Park Blvd

City State Zip Code

Jacksonville FL 32216-6397

FEC ID number of contributing
federal political committee.

Date of Receipt

11 / 14 / 2002

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41696491

Full Name (Last, First, Middle Initial)

B. Richard Seager

Mailing Address

Suite 100 60 Barrett Drive

City State Zip Code

Webster NY 14580-2963

FEC ID number of contributing
federal political committee.

Date of Receipt

10 / 29 / 2002

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1030200225C41190493

Full Name (Last, First, Middle Initial)

C. Glenn Shear

Mailing Address

33 SW Upper Riverdale Rd Ste 114

City State Zip Code

Riverdale GA 30274

FEC ID number of contributing
federal political committee.

Date of Receipt

10 / 29 / 2002

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1030200225C41153497

SUBTOTAL of Receipts This Page (optional) ▶

1365.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Glenn Shear

Mailing Address

33 SW Upper Riverdale Rd Ste 114

City

State

Zip Code

Riverdale

GA

30274-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 1105200232C41210496

Full Name (Last, First, Middle Initial)

B. Richard Sherry

Mailing Address

Suite 234

2500 Grubb Road

City

State

Zip Code

Wilmington

DE

19810-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

91.25

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

456.25

Transaction ID: 1105200232C41448500

Full Name (Last, First, Middle Initial)

C. Richard Simon

Mailing Address

48 Harrison Street

City

State

Zip Code

Johnson City

NY

13790-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 120420021BC41865504

SUBTOTAL of Receipts This Page (optional)

841.25

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Daniel Skurich

Mailing Address

SMDC Hlt Sys

400 E Third St

City

State

Zip Code

Duluth

MN

55805-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

150.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Transaction ID: 1204200218C41768505

Full Name (Last, First, Middle Initial)

B. Daniel Skurich

Mailing Address

SMDC Hlt Sys

400 E Third St

City

State

Zip Code

Duluth

MN

55805-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Transaction ID: 1204200218C41815506

Full Name (Last, First, Middle Initial)

C. Heinz Smirmaul

Mailing Address

614 West Wheatland

City

State

Zip Code

Duncanville

TX

75116-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

750.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Transaction ID: 1204200218C41872507

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Brent Smith

Mailing Address

408 South Sycamore Street

City

State

Zip Code

Petersburg

VA

23803-

Date of Receipt

MM / DD / YYYY
11 / 07 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1204200218C41598508

Full Name (Last, First, Middle Initial)

B. L Douglas Smith

Mailing Address

The Eye Center of Natchez, Inc.

10 Vision Lane

City

State

Zip Code

Natchez

MS

39120-

Date of Receipt

MM / DD / YYYY
11 / 20 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

865.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Transaction ID: 1204200218C4184251D

Full Name (Last, First, Middle Initial)

C. Joem Soltau

Mailing Address

KY Lions Eye Ctr

301 E Muhammad Ali

City

State

Zip Code

Louisville

KY

40202-

Date of Receipt

MM / DD / YYYY
10 / 29 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1030200225C41142512

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Steven Spellman

Mailing Address

12420 Warwick Blvd Bldg 1

City

State

Zip Code

Newport News

VA

23606-

Date of Receipt

N M / D E / Y Y Y Y
11 / 18 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

50.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1204200218C41786515

Full Name (Last, First, Middle Initial)

B. David Stager

Mailing Address

8201 Preston Road Ste 140A

City

State

Zip Code

Dallas

TX

75225-

Date of Receipt

N M / D E / Y Y Y Y
11 / 18 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

385.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1615.00

Transaction ID: 1204200218C41798518

Full Name (Last, First, Middle Initial)

C. Jan Herta Stahl

Mailing Address

Denver Eye Surg Bldg 55

13772 Denver West Pkwy Ste 100

City

State

Zip Code

Golden

CO

80401-

Date of Receipt

N M / D E / Y Y Y Y
10 / 31 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1105200232C41211519

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Stamper

Mailing Address

UCSF Dept Ophthalmology 10 Kirkham St Rm K-301

City State Zip Code

San Francisco CA 94143-0730

Date of Receipt

11 / 14 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1204200218C41710521

Full Name (Last, First, Middle Initial)

B. Daniel Stegman

Mailing Address

80 Briarcliff Rd

City State Zip Code

Tenafly NJ 07670-2902

Date of Receipt

11 / 18 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41794522

Full Name (Last, First, Middle Initial)

C. Roger Stehert

Mailing Address

Ophthalmic Consultants 50 Staniford St Ste 600

City State Zip Code

Boston MA 02114

Date of Receipt

11 / 04 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Transaction ID: 1105200232C41437523

SUBTOTAL of Receipts This Page (optional) ▶

1165.00

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Rhoads Stevens

Mailing Address

Queens Physician Ofc Bldg II 1329 Lusitana St Ste 209

City State Zip Code

Honolulu HI 06813-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41301524

Full Name (Last, First, Middle Initial)

B. Scott Stelow

Mailing Address

5770 Club Lane

City State Zip Code

Roanoke VA 24018-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41801528

Full Name (Last, First, Middle Initial)

C. Gregory Sutton

Mailing Address

1710 South 70th Street PO Box 6068

City State Zip Code

Lincoln NE 68506-6068

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C41467530

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mark Szal

Mailing Address

Concord Eye Care, PC

248 Pleasant St Ste 1800

City

State

Zip Code

Concord

NH

03301-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 5 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41539531

Full Name (Last, First, Middle Initial)

B. Alvin Tao

Mailing Address

P.O. Box 5545

City

State

Zip Code

Lafayette

IN

47903-5545

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 5 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1204200218C41548534

Full Name (Last, First, Middle Initial)

C. Malcolm Tarkenton

Mailing Address

7950 Kipling St Ste 203

City

State

Zip Code

Arvada

CO

80005-3928

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1030200225C41147535

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Treder Topping

Mailing Address

Ophth Consultants of Boston

Ste 800

City

State

Zip Code

Boston

MA

02114-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1030200225C41154544

Full Name (Last, First, Middle Initial)

B. E Winston Trice

Mailing Address

Virginia Eye Instit

400 Westhampton Stn

City

State

Zip Code

Richmond

VA

23226-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1105200232C41480546

Full Name (Last, First, Middle Initial)

C. Kenneth Tuck

Mailing Address

3320 Franklin Rd SW

City

State

Zip Code

Roanoke

VA

24014-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

1000.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Transaction ID: 1105200232C41370548

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Barry Uhr

Mailing Address

3600 Gaston Ave LB 120 Ste 609

City

State

Zip Code

Dallas

TX

75246-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41571549

Full Name (Last, First, Middle Initial)

B. Scott Utley

Mailing Address

Apt 1917

2900 Thomas Ave S

City

State

Zip Code

Minneapolis

MN

55416-4198

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 2 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1204200218C41663551

Full Name (Last, First, Middle Initial)

C. Kenneth Van Dine

Mailing Address

12 Martin Street

City

State

Zip Code

Wellsville

NY

14895-

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41666552

SUBTOTAL of Receipts This Page (optional)

930.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sara Vegh

Mailing Address

303 E Park Ave

City

State

Zip Code

Libertyville

IL

60048-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41764553

Full Name (Last, First, Middle Initial)

B. Pram Virdi

Mailing Address

2202 18th Ave

City

State

Zip Code

Rock Island

IL

61201-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41328554

Full Name (Last, First, Middle Initial)

C. John Douglas WGoosey

Mailing Address

6545 Rutgers

City

State

Zip Code

Houston

TX

77005-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41800555

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Alan Wagner

Mailing Address

968 First Colonial Road Ste 105

City

State

Zip Code

Virginia Beach

VA

23454

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 2 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41859556

Full Name (Last, First, Middle Initial)

B. Joseph Walker

Mailing Address

2668 Winkler Ave

City

State

Zip Code

Fort Myers

FL

33901-9336

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1090200225C41151559

Full Name (Last, First, Middle Initial)

C. Joseph Walker

Mailing Address

2668 Winkler Ave

City

State

Zip Code

Fort Myers

FL

33901-9336

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 9 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1105200232C41291560

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Scot Wall

Mailing Address

2308 Palmyra Rd

City

State

Zip Code

Albany

GA

31701-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41319561

Full Name (Last, First, Middle Initial)

B. Kevin Lee Walz

Mailing Address

8103 Clear Vista Pkwy

City

State

Zip Code

Indianapolis

IN

46256-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 0 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

1000.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Transaction ID: 1105200232C41339562

Full Name (Last, First, Middle Initial)

C. Floyd Warren

Mailing Address

590 First Ave Ste 3-B

City

State

Zip Code

New York

NY

10016-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41275567

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Leo Watson

Mailing Address

3433 S Lafountain

City

State

Zip Code

Kokomo

IN

46902-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1204200218C41681568

Full Name (Last, First, Middle Initial)

B. Gary Weinstein

Mailing Address

Pittsburgh Oculoplastic Associates

3471 Fifth Ave

City

State

Zip Code

Pittsburgh

PA

15213-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 2 8 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

300.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1030200225C41162572

Full Name (Last, First, Middle Initial)

C. Gary Weinstein

Mailing Address

Pittsburgh Oculoplastic Associates

3471 Fifth Ave

City

State

Zip Code

Pittsburgh

PA

15213-

Date of Receipt

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

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1204200218C41569573

SUBTOTAL of Receipts This Page (optional)

665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Thomas Weiss

Mailing Address

4701 Meridian Ave Ste 202

City

State

Zip Code

Miami Beach

FL

33140-2910

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 0 4 / 2 0 0 2

Amount of Each Receipt this Period

91.25

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

456.25

Transaction ID: 1105200232C41454575

Full Name (Last, First, Middle Initial)

B. Floyd Wergeland

Mailing Address

681 Third Ave

City

State

Zip Code

Chula Vista

CA

91910-

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D C / Y Y Y Y
1 1 / 1 4 / 2 0 0 2

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Transaction ID: 120420021BC41694577

Full Name (Last, First, Middle Initial)

C. Amy Weder

Mailing Address

509 S Lenola Rd

Ste 11

City

State

Zip Code

Lenola

NJ

08057-

FEC ID number of contributing
federal political committee.

Date of Receipt

N M / D C / Y Y Y Y
1 0 / 3 1 / 2 0 0 2

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Transaction ID: 1105200232C4123557B

SUBTOTAL of Receipts This Page (optional)

956.25

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ngoc T. Nguyen

Mailing Address

175 N Jackson Ave Ste 209

City

San Jose

State

CA

Zip Code

95116-

Date of Receipt

11 / 04 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41485579

Full Name (Last, First, Middle Initial)

B. Maynard Wheeler

Mailing Address

P.O. Box 538

10 Sandy Brae

City

Grantham

State

NH

Zip Code

03753-0538

Date of Receipt

11 / 14 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 120420021BC41699581

Full Name (Last, First, Middle Initial)

C. William White

Mailing Address

1004 Carondelet Dr Ste 405

City

Kansas City

State

MO

Zip Code

64114-

Date of Receipt

11 / 04 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41438582

SUBTOTAL of Receipts This 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

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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 White

Mailing Address

1004 Carondelet Dr Ste 405

City

State

Zip Code

Kansas City

MO

64114-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 1105200232C41435583

Full Name (Last, First, Middle Initial)

B. Jeffrey Whitman

Mailing Address

2801 Lemmon Ave Ste# 400

City

State

Zip Code

Dallas

TX

75204-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 8 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Transaction ID: 120420021BC41B22585

Full Name (Last, First, Middle Initial)

C. Wayne Whitmore

Mailing Address

116 E 68th St

City

State

Zip Code

New York

NY

10021-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 120420021BC41B62586

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Peter Whitted

Mailing Address

Midwest Eye Care

4353 Dodge Street

City

State

Zip Code

Omaha

NE

68131-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

1000.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Transaction ID: 1105200232C41344587

Full Name (Last, First, Middle Initial)

B. Paul Wiesner

Mailing Address

Ste B

1800 E Pavilion Pl

City

State

Zip Code

Montrose

CO

81401-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Transaction ID: 1105200232C41472589

Full Name (Last, First, Middle Initial)

C. Robert Wilkins

Mailing Address

1169 Eastern Parkway Ste 3334

City

State

Zip Code

Louisville

KY

40217-

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41230593

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)
or each category of the
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. L Brent Wilshire

Mailing Address

Office Park Eye Ctr

8 Office Park Dr

City

State

Zip Code

Jacksonville

NC

28546-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 4 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

385.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1105200232C41494595

Full Name (Last, First, Middle Initial)

B. Catherine Wisda

Mailing Address

1318 S Main Rd #A2

City

State

Zip Code

Vineland

NJ

08360-6537

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 0 1 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

100.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Transaction ID: 1105200232C41367596

Full Name (Last, First, Middle Initial)

C. Melvin Wolf

Mailing Address

909 Summeytown Pike Ste 201

City

State

Zip Code

Spring House

PA

19477-

Date of Receipt

N M / D E / Y Y Y Y
1 1 / 1 2 / 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

200.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 120420021BC4166459B

SUBTOTAL of Receipts This Page (optional)

665.00

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
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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 J Wong

Mailing Address

102 East Avenue

City

State

Zip Code

Norwalk

CT

06851-

Date of Receipt

10 / 31 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1105200232C41284600

Full Name (Last, First, Middle Initial)

B. George Wyhinny

Mailing Address

1875 W Dempster

City

State

Zip Code

Park Ridge

IL

60068-

Date of Receipt

11 / 14 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 120420021BC41729602

Full Name (Last, First, Middle Initial)

C. Scott Zeigen

Mailing Address

Suite 202-B

130 Almshouse

City

State

Zip Code

Richboro

PA

18954-

Date of Receipt

11 / 20 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

250.00

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Transaction ID: 120420021BC4184761D

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)
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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 Zeko

Mailing Address

300 West Quinta St

City

State

Zip Code

Santa Barbara

CA

93105-

Date of Receipt

11 / 18 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

500.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 1204200218C41821611

Full Name (Last, First, Middle Initial)

B. Aras Zilaba

Mailing Address

Assoc Ophthal

218 N Hammes

City

State

Zip Code

Joliet

IL

60435-

Date of Receipt

11 / 04 / 2002

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

365.00

Name of Employer
self

Occupation
Ophthalmologist

Receipt

Receipt For:

Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Transaction ID: 1105200232C41498614

C.

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

128264.25

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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

PO Box 24512

City

State

Zip Code

San Francisco

CA

94124-0512

Date of Receipt

N M / D E / Y Y Y Y
1 0 / 3 1 2 0 0 2

FEC ID number of contributing
federal political committee.

Amount of Each Receipt this Period

122.15

Name of Employer

Occupation

Other Receipt

Receipt For:

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

702.12

Transaction ID: 1204200241C41694

B.

C.

SUBTOTAL of Receipts This Page (optional)

122.15

TOTAL This Period (last page this line number only)

122.15

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

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

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☐ 26	☐ 27	☐ 28a	☐ 28b	☐ 28c
				☐ 29

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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

PO Box 24512

City

San Francisco

State

CA

Zip Code

94124-0512

Purpose of Disbursement

UB CKING ACCT EXP 10/02

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

10 / 31 / 2002

Amount of Each Disbursement this Period

599.28

UB CKING ACCT EXP 10/02

Transaction ID: 1204200242E3325

B.

C.

SUBTOTAL of Disbursements This Page (optional)

599.28

TOTAL This Period (last page this line number only)

599.28

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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☐ 29				

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NAME OF COMMITTEE (in full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Bentley for Congress, Inc Mailing Address 408 Chapelwood Ln City: Lutherville Timoni State: MD Zip Code: 21093- Purpose of Disbursement HOUSE MD-02 Candidate Name			Date of Disbursement 10 / 21 / 2002 Amount of Each Disbursement this Period 2000.00 HOUSE MD-02
Office Sought: House Senate President State: District:	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 1030200226E3308	
Full Name (Last, First, Middle Initial) B. Berkley For Congress Mailing Address 3089 Conquista Ct City: Las Vegas State: NV Zip Code: 89121-3886 Purpose of Disbursement HOUSE-NV-01 Candidate Name			Date of Disbursement 10 / 21 / 2002 Amount of Each Disbursement this Period 1000.00 HOUSE-NV-01
Office Sought: House Senate President State: District:	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 1030200226E3314	
Full Name (Last, First, Middle Initial) C. Brown-Waite For Congress Mailing Address 704 Ponce De Leon Blvd Brooksville City: Brooksville State: FL Zip Code: 34601- Purpose of Disbursement HOUSE FL-5 DEBT RETIREMENT Candidate Name			Date of Disbursement 11 / 19 / 2002 Amount of Each Disbursement this Period 2500.00 HOUSE FL-5 DEBT RETIREMENT
Office Sought: House Senate President State: District:	Disbursement For: 2002 Primary General X Other (specify) ▼ DEBT RETIREMENT	Transaction ID: 1204200219E3315	

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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(check only one)

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☐ 26	☐ 27	☐ 28a	☐ 28b	☐ 28c
☐ 29				

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Burns For Congress

Mailing Address

113 Mims St

City

Sylvania

State

GA

Zip Code

30487-

Purpose of Disbursement

HOUSE GA-12

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

General

X Other (specify) ▼

DEBT RETIREMENT

State:

District:

Date of Disbursement

11 / 19 / 2002

Amount of Each Disbursement this Period

2500.00

HOUSE GA-12

Transaction ID: 1204200219E3318

Full Name (Last, First, Middle Initial)

B. Chambliss For Senate

Mailing Address

PO Box 12489

City

Atlanta

State

GA

Zip Code

30355-

Purpose of Disbursement

SENATE GA DEBT RETIREMENT

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

General

X Other (specify) ▼

DEBT RETIREMENT

State:

District:

Date of Disbursement

11 / 19 / 2002

Amount of Each Disbursement this Period

5000.00

SENATE GA DEBT RETIREMENT

Transaction ID: 1204200219E3317

Full Name (Last, First, Middle Initial)

C. Feeley for Congress

Mailing Address

6800 Broadway

City

Denver

State

CO

Zip Code

80221-

Purpose of Disbursement

HOUSE CO-7

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

X General

Other (specify) ▼

State:

District:

Date of Disbursement

10 / 21 / 2002

Amount of Each Disbursement this Period

2000.00

HOUSE CO-7

Transaction ID: 1030200228E3310

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (in full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial) A. Fletcher For Congress Mailing Address 2102 Louisville Ave City Monroe State LA Zip Code 71201- Purpose of Disbursement HOUSE LA-5 GENERAL Candidate Name			Date of Disbursement 11 / 19 / 2002 Amount of Each Disbursement this Period 2500.00 HOUSE LA-5 GENERAL
Office Sought: House Senate President State: District:	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 1204200219E3321	
Full Name (Last, First, Middle Initial) B. Friends Of Connie Morella Mailing Address 7101 Wisconsin Ave #102 City Bethesda State MD Zip Code 20814-4871 Purpose of Disbursement HOUSE MD-8 Candidate Name			Date of Disbursement 10 / 21 / 2002 Amount of Each Disbursement this Period 2000.00 HOUSE MD-8
Office Sought: House Senate President State: District:	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: 1030200226E3311	
Full Name (Last, First, Middle Initial) C. Mark Pryor For US Senate Mailing Address PO Box 207D City Little Rock State AR Zip Code 72203- Purpose of Disbursement SENATE AR DEBT RETIREMENT Candidate Name			Date of Disbursement 11 / 19 / 2002 Amount of Each Disbursement this Period 2500.00 SENATE AR DEBT RETIREMENT
Office Sought: House Senate President State: District:	Disbursement For: 2002 Primary General X Other (specify) ▼ DEBT RETIREMENT	Transaction ID: 1204200219E3319	

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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for each category of the
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☐ 26	☐ 27	☐ 28a	☐ 28b	☐ 28c
☐ 29				

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NAME OF COMMITTEE (in full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mike Rogers For Congress

Mailing Address

123 E 13th St

City

Anniston

State

AL

Zip Code

36201-

Purpose of Disbursement

HOUSE AL-3

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

X General

Other (specify) ▼

State:

District:

Date of Disbursement

10 / 21 / 2002

Amount of Each Disbursement this Period

2000.00

HOUSE AL-3

Transaction ID: 1030200226E3312

Full Name (Last, First, Middle Initial)

B. Stenholm For Congress Committee

Mailing Address

PO Box 1032

City

Stamford

State

TX

Zip Code

79653-1032

Purpose of Disbursement

HOUSE TX-17

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

X General

Other (specify) ▼

State:

District:

Date of Disbursement

10 / 21 / 2002

Amount of Each Disbursement this Period

1000.00

HOUSE TX-17

Transaction ID: 1030200226E3313

Full Name (Last, First, Middle Initial)

C. Talent For Senate Committee

Mailing Address

9378 Olive Blvd, #206

City

Saint Louis

State

MO

Zip Code

63132-

Purpose of Disbursement

SENATE MO DEBT RETIREMENT

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

General

X Other (specify) ▼

DEBT RETIREMENT

State:

District:

Date of Disbursement

11 / 19 / 2002

Amount of Each Disbursement this Period

2500.00

SENATE MO DEBT RETIREMENT

Transaction ID: 1204200219E3320

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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 130 / 131

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25
☐ 26	☐ 27	☐ 28a	☐ 28b	☐ 28c
☐ 29				

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Terrell For Senate

Mailing Address

PO Box 44298

City

Baton Rouge

State

LA

Zip Code

70894-

Purpose of Disbursement

SENATE LA GENERAL

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

X General

Other (specify) ▼

State:

District:

Date of Disbursement

11 / 19 / 2002

Amount of Each Disbursement this Period

5000.00

SENATE LA GENERAL

Transaction ID: 1204200219E3322

Full Name (Last, First, Middle Initial)

B. Tim Johnson For South Dakota Inc

Mailing Address

PO Box 1859

City

Sioux Falls

State

SD

Zip Code

57101-1859

Purpose of Disbursement

SENATE SD DEBT RETIREMENT

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

Disbursement For:

2002

Primary

General

X Other (specify) ▼

DEBT RETIREMENT

State:

District:

Date of Disbursement

11 / 19 / 2002

Amount of Each Disbursement this Period

2500.00

SENATE SD DEBT RETIREMENT

Transaction ID: 1204200219E3318

C.

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

35000.00

