CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print): OPHTHALMIC POLITICAL ACTION CORP.

Office (if applicable):

District (if applicable):

Mailing Address (include city and zip code): 610 SIERRA ROSE DR., RENO, NV 89511

Telephone No.: (775) 356-7272

E-Mail Address:

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRTY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ **Annual Filing - Due January 15, 2004**
Period: January 1, 2003 – December 31, 2003

☐ **Report #1 — Due August 31, 2004**

Incumbents in an Office with a 4-year term	Period:	Jan. 5, 2001 — Aug 26, 2004
Incumbents in an Office with a 6-year term	Period:	Dec. 20, 1998 — Aug 26, 2004
All others	Period:	Jan. 1, 2004 – Aug. 26, 2004
Ballot Advocacy Groups (BAGs) only:	Period:	Dec. 5, 2002 – Aug 26, 2004

☐ **Report #2 Due — October 26, 2004**
Period: Aug. 27, 2004 — Oct. 21, 2004

☒ **Report #3 Due — January 15, 2005***
Period: Oct. 22, 2004 — Dec. 31, 2004
BAGs only: Period: Oct. 22, 2004 - Dec. 6, 2004

☐ **Annual Filing – Due January 15, 2005**
Period: January 1, 2004 – December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2

FILE
JAN 10 2005
DEAN HELLER
SECRETARY OF STATE
FOR OFFICE USE ONLY

CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of $100	500.00	$7,500.00
2. Total Monetary Contributions Received of $100 or Less		55.89
3. **Total Amount of Monetary Contributions Received** (Add Lines 1 and 2)		$7,555.89
4. Total Value of In Kind Contributions Received in Excess of $100		

EXPENSES SUMMARY

5. Total Monetary Expenses Paid in Excess of $100		$20,910.00
6. Total Monetary Expenses Paid of $100 or Less		
7. **Total Amount of All Monetary Expenses Paid** (Add Lines 5 and 6)		
8. Total Value of In Kind Expenses in Excess of $100		

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature: [signature] Date: 1/10/05

CAMPAIGN CONTRIBUTIONS Report Period # 3

OPHTHALMIC POLITICAL ACTION CORP.

Name (print) Office (if applicable) District (if applicable)

Contributions in Excess of $100 or, When Added Together from One Contributor Exceeds $100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
MICHAEL L. STANKO, M.D. 950 RYLAND ST. RENO, NV 89502	12/30/04	500.00	

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