REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

APR 22 11 36 AM '99

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
AMERICAN ACADEMY OF OPHTHALMOLOGY (OPHTHPAC)

ADDRESS (number and street) ☐ Check if different than previously reported
655 BEACH STREET

CITY, STATE and ZIP CODE
SAN FRANCISCO CA 94109

2. FEC IDENTIFICATION NUMBER
C00196246

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☒ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 3/1/99 through 3/31/99		
6. (a) Cash on Hand January 1, 1999		$ 184,569.36
(b) Cash on Hand at Beginning of Reporting Period	$ 210,454.56	
(c) Total Receipts (from Line 19)	$ 9,613.98	$ 50,076.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 220,068.54	$ 234,646.03
7. Total Disbursements (from Line 30)	$ 53,951.40	$ 68,528.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 166,117.14	$ 166,117.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
PAULA E. LENT

Signature of Treasurer
Paula Ehent

Date
4/19/99

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE
American Academy of Ophthalmology, Inc.
Political Committee (OPHTHPAC)

REPORT COVERING PERIOD FROM 3/1/99 TO: 3/31/99

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	7,900.00	42,700.00	11(a)(i)
i. Itemized (use Schedule A)	1,695.00	7,325.00	11(a)(ii)
ii. Unitemized	9,595.00	50,025.00	11(a)(iii)
iii. Total (add i and ii) ➤	0	0	11(b)
b. Political Party Committees	0	0	11(c)
c. Other Political Committees (such as PACs)	9,595.00	50,025.00	11(d)
d. Total Contributions (add a iii, b and c) ➤	0	0	12
12. Transfers From Affiliated/Other Party Committees	0	0	13
13. All Loans Received	0	0	14
14. Loan Repayments Received	0	0	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	18.98	51.67	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	18
18. Transfers from Nonfederal Account for Joint Activity	9,613.98	50,076.67	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	9,613.98	50,076.67	20
20. Total Federal Receipts (subtract line 18 from line 19) ➤			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)	0	0	21(a)(i)
i. Federal Share	0	0	21(a)(ii)
ii. Non-Federal Share	151.40	728.89	21(b)
b. Other Federal Operating Expenditures	151.40	728.89	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	22
22. Transfers to Affiliated/Other Party Committees	53,500.00	67,500.00	23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0	24
24. Independent Expenditures (use Schedule E)	0	0	25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	26
26. Loan Repayments Made	0	0	27
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	300.00	300.00	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	300.00	300.00	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	53,951.40	68,528.89	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) ➤	53,951.40	68,528.89	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	9,595.00	50,025.00	32
33. Total Contribution Refunds (from line 28d)	300.00	300.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,295.00	49,725.00	34
35. Total Federal Operating Expenditures (add 21 a I and 21 b) ➤	151.40	728.89	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	151.40	728.89	37

4-00173

Itemized Receipts
Line Number 11a i

Contributions from Individuals Other than Political Committees
SCHEDULE A
From 03/01/99 To 03/31/99

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

NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE RECEIPT	AMOUNT
Zweifach Philip H 131 East 69th Street New York NY 10021	Self-Employed Ophthalmologist	300.00	03/02/99	300.00
Wolchok Eugene B 3636 University Boulevard So Jacksonville FL 32216	SELF-EMPLOYED Physician	300.00	03/02/99	300.00
Wasserman Peter 514 South Street Concord NH 03301	Concord Eye Care Ophthalmologist	200.00	03/02/99	200.00
Maizel Raoul David 2224 Alaqua Dr Longwood FL 32779-3100	Florida Eye Center Ophthalmologist	300.00	03/02/99	300.00
Dorn Paul A Suite 207 4467 Old Branch Avenue Temple Hills MD 20748	Self-Employed Ophthalmologist	300.00	03/17/99	300.00
Demartini David R Suite 221 122 La Casa Via Walnut Creek CA 94598	Self-Employed Ophthalmologist	300.00	03/17/99	300.00

Subtotal: 1,700.00

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE	RECEIPT AMOUNT
Collins Mary Louise Z Gtar Balt MC Pavillion West 6569 N Charles St Ste 505 Baltimore MD 21204	WILLS EYE HOSP Ophthalmologist	300.00	03/17/99	300.00
Johnston Randolph L Cheyenne Eye Clinic 1300 East 20th Street Cheyenne WY 82001	Cheyenne Eye Clinic Ophthalmologist	300.00	03/17/99	300.00
Kolker Allan E Glaucoma Inst Eye Hlthcare Assoc 633 Emerson Rd St Louis MO 63141	Eye Health Care Assoc Ophthalmologist	300.00	03/17/99	300.00
Chen Ching Jygh Ophth Dept Univ Medical Ctr 2500 North State Street Jackson MS 39216	Univ of Mississippi Ophthalmologist	300.00	03/17/99	300.00
Brown Lansing E 7035 N Mission Hill Ln Tucson AZ 85718-1817	Self-Employed Ophthalmologist	300.00	03/19/99	300.00
Sullivan Stephen F 51 State Rd North Dartmouth MA 02747-3319	Eye Health Vision Center Ophthalmologist	300.00	03/19/99	300.00

Subtotal: 1,800.00

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE	RECEIPT AMOUNT
Hazlehurst James A Suite 17 500 Cohasset Road Chico CA 95926	Self Employed Ophthalmologist	300.00	03/19/99	300.00
Derekjian Nazareth E Suite 102 2595 East Washington Blvd Pasadena CA 91107	Self-Employed Ophthalmologist	300.00	03/19/99	300.00
Becker Norbert Mathias Suite 106 302 Randall Road Geneva IL 60134	SIMON EYE CARE ASSO Ophthalmologist	300.00	03/19/99	300.00
Novak Anthony F Interstate Medical Center West Highway 61 Red Wing MN 55066	Fairview Red Wing Clinic Ophthalmologist	300.00	03/23/99	300.00
Texada Donald E 2515 Line Avenue Shreveport LA 71104	Self-Employed Ophthalmologist	300.00	03/23/99	300.00
Borgstrom Terry J WK Kellogg Eye Center 1000 Wall Street, Room 649 Ann Arbor MI 48105-1994	UNIV OF MICH Ophthalmologist	300.00	03/23/99	300.00

Subtotal: 1,800.00

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE	RECEIPT AMOUNT
Clark Spurgeon W III 502 Isabella Street Waycross GA 31501	SELF-EMPLOYED Physician	300.00	03/23/99	300.00
Okumura Sada 888 South King Street Honolulu HI 96813	self emp Ophthalmologist	300.00	03/23/99	300.00
Brull Stan Suite 310 23 Crossroads Drive Owings Mills MD 21117	SELF-EMPLOYED Ophthalmologist	300.00	03/23/99	300.00
Swartley James R Suite 215 222 North Second Street Boise ID 83702	SELF Ophthalmologist	300.00	03/23/99	300.00
Spartman Peter M Ste #204 3258 Linton Boulevard Delray Beach FL 33484	Self-Employed Ophthalmologist	200.00	03/23/99	200.00
Solish Samuel Suite 219 800 Fairmont Avenue Pasadena CA 91105	self employed Physician	300.00	03/26/99	300.00

Subtotal: 1,700.00

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)
Itemized Receipts
Contributions from Individuals Other than Political Committees
SCHEDULE A
From 03/01/99 To 03/31/99

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE	RECEIPT AMOUNT
Hoskins H Dunbar Jr 655 Beach Street San Francisco CA 94109	Self-Employed Ophthalmologist	300.00	03/26/99	300.00
Keatrour G Peyton Suite 103 840 First Colonial Road Virginia Beach VA 23451	Beach Eye Care Ophthalmologist	300.00	03/26/99	300.00
Yamaguchi Constance Suite 108 4100 Long Beach Boulevard Long Beach CA 90807	Family Eye Medical Group Ophthalmologist	300.00	03/26/99	300.00

Subtotal: 900.00

TOTAL: 7,900.00

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)
Itemized Receipts
Contributions from Individuals Other than Political Committees
SCHEDULE A
From 03/01/99 To 03/31/99

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NAME and ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Holmes Douglas L 1721 East 19th Ave Suite 550 Denver CO 80218	SELF-EMPLOYED Ophthalmologist	03/02/99	100.00	100.00
Rahman Moududur 14513 Debbenham Lane Chesterfield MO 63017	STL Comprehensive Health Ctr Ophthalmologist	03/02/99	50.00	50.00
Young Steven R Suite 130 1300 North 500 East Logan UT 84321	SELF-EMPLOYED Ophthalmologist	03/02/99	100.00	100.00
Ziavras Elaine 509 Wilkes St Alexandria VA 22314	Mid Atlantic Permanente Medica Ophthalmologist	03/02/99	75.00	75.00
Elnick Mary J Suite 304 22250 Providence Drive Southfield MI 48075	NW Eye Physician Ophthalmologist	03/02/99	100.00	100.00
Kuck Paul A 1836 South Avenue La Crosse WI 54601	gundersen lutheran Ophthalmologist	03/02/99	100.00	100.00

Subtotal: 525.00

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NAME and ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Buzney Sheldon M Retina Specialists Boston/4th Fl 100 Charles River Plaza Boston MA 02114	Retina Specialists of Boston Ophthalmologist	150.00	03/02/99	150.00
Pugh David B 18599 Lakeshore Boulevard Cleveland OH 44119	MEDNET Ophthalmologist	100.00	03/17/99	100.00
Wolf Melvyn A Suite 201 909 Sumneytown Pike Spring House PA 19477	self Ophthalmologist	150.00	03/17/99	150.00
Cannatti James A 656 West Market Street Akron OH 44303	Summit Ophth Ophthalmologist	100.00	03/17/99	100.00
Matthews James W 2409 Vale Court Lexington KY 40514	Self-Employed Ophthalmologist	100.00	03/17/99	100.00
Anderson W Banks Jr Duke Univ Eye Center/Box 3802 Durham NC 27710-3802	Duke Univ Med Center Ophthalmologist	100.00	03/17/99	100.00

Subtotal: 700.00

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)
Itemized Receipts
Contributions from Individuals Other than Political Committees
SCHEDULE A
From 03/01/99 To 03/31/99

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NAME and ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Chu Franklin Bainbridge Eyeland Eyecare 1122 Madison Avenue North Bainbridge Island WA 98110	Self-Employed Ophthalmologist	100.00	03/19/99	100.00
Robertson E Morris Jr 4215 North Classen Boulevard Oklahoma City OK 73118	SELF-EMPLOYED Ophthalmologist	100.00	03/19/99	100.00
Parke David W 130 Chimney Hill Road Wallingford CT 06492-1600	Self-Employed Ophthalmologist	150.00	03/23/99	150.00
Heilskov Todd W Regency West #1 1501 50th Street Suite 133 West Des Moines IA 50266	Iowa retina consultants Ophthalmologist	100.00	03/23/99	100.00
Helm Mark L 785 Russell Street Craig CO 81625	Helm Eye Center Ophthalmologist	20.00	03/26/99	20.00

Subtotal: 470.00

TOTAL: 1,695.00

Contributions to Federal Candidates and Other Political Committees
Schedule B
From 03/01/99 To 03/31/99

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NAME and ADDRESS	DISBURSEMENT PURPOSE	DATE	AMOUNT
Mainstream America PAC 110 B East Broad Street Falls Church VA 22046	SENATE / / LA / Leadership	03/08/99	5,000.00
Democratic National Committee 430 South Capitol Street SE Washington DC 20003	COMMITTEE / / DC / COMMITTE CONTRIBUTION	03/08/99	5,000.00
Democratic Sentrl Cmpgn Comm 430 South Capitol Street SE Washington DC 20003	COMMITTEE / / DC / COMM CONTRIBUTION	03/08/99	10,000.00
Goodlatte for Congress Post Office Box 292 Roanoke VA 24002	HOUSE / 6 / VA 2000 / Primary	03/08/99	1,000.00
Kennedy for Senate 426 C Street Washington DC 20002	SENATE / / MA 2000 / Primary	03/08/99	2,500.00
Friends of Jim Maloney 240 Main Street Ste 3 Danbury CT 06810	HOUSE / 5 / CT 98 / Debt Rtrmnt Grnl 98	03/08/99	1,000.00

Subtotal: 24,500.00

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NAME and ADDRESS		DISBURSEMENT PURPOSE	DATE	AMOUNT
National Republican Congl Comm 420 1st Street SE Washington	DC 20003	COMMITTEE / / DC / COMM CONTRIBUTION	03/08/99	5,000.00
Ntl Republican Senatorial Comm 425 Second Street NE Washington	DC 20002	COMMITTEE / / DC / COMM CONTRIBUTION	03/08/99	10,000.00
Ehrlich for Congress Committee 1527 York Road Lutherville	MD 21093	HOUSE / 2 / MD 2000 / Primary	03/16/99	2,000.00
Friends of Mark Foley for Congr PO Box 30505 Palm Beach Gardens	FL 33420	HOUSE / 16 / FL 2000 / Primary	03/16/99	2,000.00
Citizens for Xlink PO Box 15491 Pittsburhg	PA 15237	HOUSE / 4 / PA 2000 / Primary	03/16/99	1,000.00
Lazio for Congress 98 PO Box 5063 Bay Shore	NY 11718	HOUSE / 2 / NY 2000 / Primary	03/16/99	2,000.00

Subtotal: 22,000.00

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)
Itemized Disbursements
Contributions to Federal Candidates and Other Political Committees
Schedule B
From 03/01/99 To 03/31/99

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NAME and ADDRESS	DISBURSEMENT PURPOSE	DATE	AMOUNT
Pallone for Congress PO Box 3176 Long Branch NJ 07025	HOUSE / 6 / NJ 2000 / Primary	03/16/99	2,000.00
Democratic Congl Cmpgn Committee 430 South Capitol Street SE Washington DC 20003	COMMITTEE / / DC / COMM CONTRIBUTION	03/31/99	5,000.00

Subtotal: 7,000.00

TOTAL: 53,500.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 28a

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NAME OF COMMITTEE (in Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC. POLITICAL COMMITTEE (OPHTHPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Steven M. Eagan #204 Professional Bldg 100 South 4th Street Fargo, ND 58103	Refund Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/31/99	300.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

FE4AN101

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 21b

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

NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC. POLITICAL COMMITTEE (OPHTHPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Union Bank of California 350 California St San Francisco, CA 94104	Merchant Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/31/99	151.40
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) 151.40

FE4AN101

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 4-19-99
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

[signature]	4-22-99
PREPARER	DATE PREPARED

(4/98)