# REPORT OF RECEIPTS AND DISBURSEMENTS



**For Other Than An Authorized Committee**
(Summary Page)

**1. NAME OF COMMITTEE (in full)**
**American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)**

**ADDRESS (number and street)** ☐ Check if different than previously reported
655 Beach Street
655 Beach Street

**2. FEC IDENTIFICATION NUMBER**
C00196246

**CITY, STATE, and ZIP CODE**
San Francisco CA 94109-

3. ☐ This committee has qualified as a multi-candidate 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 _____ (election type)
election on 01/01/1998 in the State of CA

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

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

| SUMMARY<br>5. Covering Period 03/01/2001 through 03/31/2001 | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand, January 1, 2001 | | 271026.95 |
| (b) Cash on Hand at Beginning of Reporting Period | 274884.34 | |
| (c) Total Receipts (from line 19) | 11031.42 | 75012.28 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 285915.76 | 346039.23 |
| 7. Total Disbursements (from line 30) | 49534.54 | 109658.01 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 236381.22 | 236381.22 |
| 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 | |

**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
**Electronically Filed by Eloise B. Deane**

Signature of Treasurer

Date
04/20/2001

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 9/98)

4-00173