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FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) ▼ 655 BEACH STREET

(Check if address is changed)

SAN FRANCISCO CA 94109-1336

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE (M M / D D / Y Y Y Y) 05 11 2001

3. FEC IDENTIFICATION NUMBER ▶ C 00196246

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement 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 Carol Beatty Date (M M / D D / Y Y Y Y) 05 14 2001

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1AN040 PDF

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State

District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

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

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name: STEVE RAUSCH

Mailing Address: 655 BEACH STREET

SAN FRANCISCO | CA | 94109-1336

Title or Position ▼: ASSISTANT TREASURER

CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 415-447-0255

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: CAROL BEATTY

Mailing Address: 655 BEACH STREET

SAN FRANCISCO | CA | 94109-1336

Title or Position ▼: TREASURER

CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 415-561-8571

Full Name of Designated Agent: STEVE RAUSCH

Mailing Address: 655 BEACH STREET

SAN FRANCISCO | CA | 94109-1336

Title or Position ▼: ASSISTANT TREASURER

CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 415-447-0255

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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PREPARER

5-21-01
DATE PREPARED

(6/2000)