REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

MAR 27 11 00 AM '95

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
C00196146

3. ☐ 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 February 1 through February 28, 1995		
6. (a) Cash on Hand January 1, 19 95		$ 254,693.44
(b) Cash on Hand at Beginning of Reporting Period	$ 280,117.73	
(c) Total Receipts (from Line 19)	$ 8,108.28	$ 33,977.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 288,226.01	$ 288,670.72
7. Total Disbursements (from Line 30)	$ 17,368.54	$ 17,813.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 270,857.47	$ 270,857.47
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 E Lent Treasurer

Date
3/20/95

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)

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

(revised 1/1/91)

NAME OF COMMITTEE (OPHTHPAC)
AMERICAN ACADEMY OF OPHTHALMOLOGY POLITICAL COMMITTEE

REPORT COVERING PERIOD FROM 02/1/95 TO 02/28/95

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees	6,850.00	27,850.00	11(a)(i)
i. Itemized (use Schedule A)	1,125.00	5,850.00	11(a)(ii)
ii. Unitemized	7,975.00	33,700.00	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)	7,975.00	33,700.00	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	133.28	277.28	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	18
18. Transfers from Nonfederal Account for Joint Activity	8,108.28	33,977.28	19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	8,108.28	33,977.28	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	118.54	563.25	21(b)
b. Other Federal Operating Expenditures	118.54	563.25	21(c)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0	0	22
22. Transfers to Affiliated/Other Party Committees	17,250.00	17,250.00	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:	0	0	28(a)
a. Individuals/Persons Other Than Political Committees	0	0	28(b)
b. Political Party Committees	0	0	28(c)
c. Other Political Committees (such as PACs)	0	0	28(d)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	29
29. Other Disbursements	17,368.54	17,813.25	30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	17,368.54	17,813.25	31
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7,975.00	33,700.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,975.00	33,700.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	118.54	563.25	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	118.54	563.25	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 12

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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
UNION BANK 350 CALIFORNIA STREET SAN FRANCISCO CA 94104 Receipt For: [ ] Primary [ ] General [X] Other (specify)	N/A N/A Aggregate Year-to-Date $	02//28/95	28.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DEAN WITTER REYNOLDS, INC. 167 EAST SECOND AVENUE SAN MATEO CA 94401 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	N/A N/A Aggregate Year-to-Date $	02/28/95	105.28
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) 133.28

TOTAL This Period (last page this line number only) 133.28

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AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)
ITEMIZED RECEIPTS
CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 02/01/95 TO 02/28/95

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Foster MD*W James 417 South Monroe PO Box 8087 Green Bay WI 54308	Green Bay Eye Clin PHYSICIAN	02/07/95	300.00	300.00
Braun MD*Kenneth 304 North Belmont Wichita KS 67208	Self-Employed OPHTHALMOLOGIST	02/24/95	300.00	300.00
Ross MD*Harold S 70 Mason Street Geneva NY 14456	HAROLD S ROSS MD OPHTHALMOLOGIST	02/13/95	300.00	300.00
Martin MD*Benjamin G 4120 Del Prado Boulevard Cape Coral FL 33904	Self-Employed OPHTHALMOLOGIST	02/23/95	300.00	300.00
Blocker MD*Michael A 2855 Gramercy Houston TX 77025	Self-Employed OPHTHALMOLOGIST	02/14/95	300.00	300.00
Corwin MD*Martin E 340 East Northfield Road Livingston NJ 07039	Self-Employed OPHTHALMOLOGIST	02/24/95	300.00	300.00
Smithline MD*Martin L 44 Godwin Avenue Midland Park NJ 07432	Self-Employed OPHTHALMOLOGIST	02/06/95	300.00	300.00
Killian MD*John R 276 East Chestnut Street Asheville NC 28801	N Carolina Retinal OPHTHALMOLOGIST	02/01/95 02/02/95	250.00	250.00
	SUBTOTAL		2350.00	

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 02/01/95 TO 02/28/95

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Taylor Jr MD*Walter L Suite 101-A 1200 First Colonial Road Virginia Beach VA 23454	Self-Employed OPHTHALMOLOGIST	02/27/95	300.00	300.00
Tearse MD*James Edward Suite 150 901 Brewster Avenue Redwood City CA 94063-1509	Self-Employed OPHTHALMOLOGIST	02/01/95 02/02/95	300.00	300.00
Greenspan MD*Irwin 205-20 32nd Avenue Bayside NY 11361	Self-Employed PHYSICIAN	02/06/95	300.00	300.00
Beasley Jr MD*Clifton H 3200 Professional Bldg 1350 South Main Fort Worth TX 76104	Retina Consultants OPHTHALMOLOGIST	02/14/95	300.00	300.00
Mayans MD*Jose A 907 West Second Odessa TX 79763	OPHTHALMOLOGIST	02/21/95	300.00	300.00
Blank MD*Nancy Marie 2415 Chamblliss Avenue Cleveland TN 37311	CLEVELAND EYE CLINIC PHYSICIAN	02/14/95	300.00	300.00
Haines Jr MD*Carroll T Suite A 515 thompson Street Eden NC 27288	Self-Employed OPHTHALMOLOGIST	02/23/95	300.00	300.00
Pugh MD*David H 18599 Lakeshore Boulevard Cleveland OH 44119	RETIRED OPHTHALMOLOGIST	02/27/95	.00	300.00
	SUBTOTAL		2100.00	

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AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)
ITEMIZED RECEIPTS
CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 02/01/95 TO 02/28/95

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Paoli MD*Gloria R 300 Fort Washington Avenue New York NY 10032	SELF EMPLOYED OPHTHALMOLOGIST	02/23/95	300.00	300.00
Brookner MD*Andrew R 980 East 12th Street Brooklyn NY 11230	SELF-EMPLOYED OPHTHALMOLOGIST	02/27/95	300.00	300.00
Pinke MD*James R Shelton Medical Center 9 Cots Street/Suite I-A Shelton CT 06484	Self-Employed OPHTHALMOLOGIST	02/23/95	300.00	300.00
Spencer MD*Rand Greenville Med Tower/Suite 400 7150 Greenville Avenue Dallas TX 75231	SELF OPHTHALMOLOGIST	02/21/95	300.00	300.00
Raffner MD*Peter 295 Washington Avenue Hamden CT 06518	Self-Employed OPHTHALMOLOGIST	02/28/95	300.00	300.00
Seeger MD*Richard J Suite 100 60 Barrett Drive Webster NY 14580	Self-Employed OPHTHALMOLOGIST	02/09/95	300.00	300.00
Waschitz MD*Joseph F 1931 Brown Street Anderson IN 46016	JOSEPH F WASCHITZ MD OPHTHALMOLOGIST	02/14/95	300.00	300.00
Miller-Meeks MD*Mariannette J W K Kellogg Eye Center 1000 Wall Street Ann Arbor MI 48105-1994	SELF-EMPLOYED OPHTHALMOLOGIST	02/14/95	300.00	300.00
		SUBTOTAL	2400.00	

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AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

ITEMIZED RECEIPTS
CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 02/01/95 TO 02/28/95

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Shaver MD*Jeffrey T 301 South Boulevard Suite 119 Edmond OK 73034	STATE OF OKLAHOMA OPHTHALMOLOGIST	02/27/95	.00	300.00
		SUBTOTAL	.00	
	*** TOTAL ***		6850.00	

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

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 committees.

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

A. 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
Union Bank 350 California San Francisco CA 94104	Merchant/Bank Fees	02/28/95	31.35
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**
American Express P.O.Box 53852 Phoenix AZ 85072	Merchant/Service Fee	02/28/95	87.19
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)	118.54
TOTAL This Period (last page this line number only)	118.54

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6-00173

AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

ITEMIZED DISBURSEMENTS
CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES
SCHEDULE B
FROM 02/01/95 TO 02/28/95

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NAME AND ADDRESS	DISBURSEMENT PURPOSE	DATE	AMOUNT
JOHN DOOLITTLE FOR CONGRS 4220 ROCKLIN ROAD SUITE 50 ROCKLAND CA 95677	DEBT REYIREMENT HOUSE /4 /CA 94 /OTHER	02/28/95	2000.00
DEMOCRATIC SENATORIAL CA CAMPAIGN COMMITTEE 430 SOUTH CAPITOL ST SE WASHINGTON DC 20003	SENATE / / 95 /PRIMARY	02/22/95	14250.00
CHAKA FATTAH FOR CONGRESS POST OFFICE BOX 2894 WASHINGTON DC 20013	HOUSE /2 /PA 96 /PRIMARY	02/28/95	1000.00
		SUBTOTAL	17250.00
	*** TOTAL ***		17250.00

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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 3-22-95
☐	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

frb. — PREPARER

3-27-95 — DATE PREPARED

FEC FORM 70-2 (12/92)

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