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# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

**For Other Than An Authorized Committee**

Office Use Only

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC
(OPHTHPAC)

ADDRESS (number and street) ▼ 655 BEACH STREET

Check if different than previously reported. (ACC)

SAN FRANCISCO CA 94109-

2. FEC IDENTIFICATION NUMBER ▼ C00196246

CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR X AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

(b) Monthly Report Due On:

| | | | | |
|---|---|---|---|---|
| Feb 20 (M2) | May 20 (M5) | Aug 20 (M8) | X | Nov 20 (M11) (Non-Election Year Only) |
| Mar 20 (M3) | Jun 20 (M6) | Sep 20 (M9) | | Dec 20 (M12) (Non-Election Year Only) |
| Apr 20 (M4) | Jul 20 (M7) | Oct 20 (M10) | | Jan 31 (YE) |

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on M M D D Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M D D Y Y Y Y in the State of

5. Covering Period 10 01 2000 through 10 18 2000

*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 CARAL BEATTY

Signature of Treasurer Carol Beatty Date 05 08 2002

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

| Office Use Only | | | | | | | |
|---|---|---|---|---|---|---|---|

FEC FORM 3X (Revised 1/01)

FE1AN049.PDF

22.03.758.0250

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)



Write or Type Committee Name

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

Report Covering the Period: From: 10 01 2000 To: 10 18 2000

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, 2000 | | 220,612.59 |
| (b) Cash on Hand at Beginning of Reporting Period | 167,468.23 | |
| (c) Total Receipts (from Line 19) | 92,660.67 | 413,270.59 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 260,128.90 | 641,883.18 |
| 7. Total Disbursements (from Line 30) | 148,125.06 | 529,879.34 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 112,003.84 | 112,003.84 |
| 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. | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

# DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)



Write or Type Committee Name

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

Report Covering the Period: From: 10 01 2000 To: 10 18 2000

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 77,555.67 | |
| (ii) Unitemized | 15,105.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ▶ | 92,660.67 | 410,908.55 |
| (b) Political Party Committees | 0. | 0. |
| (c) Other Policital Committees (such as PACs) | 0. | 0. |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶ | 92,660.67 | 410,908.55 |
| 12. Transfers From Affiliated/Other Party Committees | 0. | 0. |
| 13. All Loans Received | 0. | 0 |
| 14. Loan Repayments Received | 0. | 0. |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) | 0. | 0. |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0. | 1,300.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0. | 1,062.04 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0. | 0. |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶ | 92,660.67 | 413,270.59 |
| 20. Total Federal Receipts (subtract Line 18 from Line 19) ▶ | 92,660.67 | 413,270.59 |

22.03.758.0252

# DETAILED SUMMARY PAGE
of Disbursements



22-03-759-02553

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0. | 0. |
| (ii) Non-Federal Share | 0. | 0. |
| (b) Other Federal Operating Expenditures | 25,725.06 | 44,614.34 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ | 25,725.06 | 44,614.34 |
| 22. Transfers to Affiliated/Other Party Committees | 0. | 0. |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 121,500.00 | 484,000.00 |
| 24. Independent Expenditures (use Schedule E) | 0. | 0. |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) | 0. | 0 |
| 26. Loan Repayments Made | 0. | 0. |
| 27. Loans Made | 0. | 0. |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 900.00 | 1,265.00 |
| (b) Political Party Committees | 0. | 0. |
| (c) Other Political Committees (such as PACs) | 0. | 0. |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶ | 900.00 | 1,265.00 |
| 29. Other Disbursements | 0. | 0. |
| 30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶ | 148,125.06 | 529,879.34 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶ | 148,125.06 | 529,879.34 |
| **III. Net Contributions/Operating Expenditures** | | |
| 32. Total Contributions (other than loans) (from Line 11(d), page 3) | 92,660.67 | 410,908.55 |
| 33. Total Contribution Refunds (from Line 28(d)) | 900.00 | 1,265.00 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32) | 91,760.67 | 409,643.55 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 25,725.06 | 44,614.34 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3) | 0. | 0. |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶ | 25,725.06 | 44,614.34 |

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 1 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Williams, David F
Mailing Address: 6363 France Avenue South, #570
City: Minneapolis, MN 55435
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: Vitreoretional Surg.
Occupation: Ophthalmologist
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): Stoj, Marion J
Mailing Address: 43 Woodland St #100
City: Hartford CT 06105
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Davis, Richard M
Mailing Address: 9201 Cypress Lake Drive
City: Fort Myers, FL 33919
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: Richard Dav MD PA
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 665.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,095.00

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

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 2 OF 86
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Ross, Jerome
Mailing Address: 121 Swanhill Ct
City: Baltimore, MD 21208 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Physician's Eye Care
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 300.00

**B.**
Full Name (Last, First, Middle Initial): Mahootchi, Ahad
Mailing Address: 15210 Amberly Dr #231
City: Tampa, FL 33647 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 200.00

**C.**
Full Name (Last, First, Middle Initial): Cassel, Gary H
Mailing Address: 8415 Bellona Lane, #104
City: Towson, MD 21204 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 600.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,100.00

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

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 3 OF 86
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Fichte, Claus M
Mailing Address: 933 Escarpment Dr
City: Lewiston, NY 14092
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 665.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): O'Malley, Edward R
Mailing Address: 15401 East Jefferson Ave
City: Grosse Point Park, MI 48230
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Moore, Thomas K
Mailing Address: 2001 Coolidge Rd
City: East Lansing, MI 48823
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: Lansing Ophth Reg Eye Care Ctr
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 1,030.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE:AN042.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 4 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Cohen, Joel S
Mailing Address: 11880 FM 1960 West
City: Houston, TX 77065
State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 300.00

**B.**
Full Name (Last, First, Middle Initial): O'Brien, Kevin D
Mailing Address: 235 Hanover St
City: Fall River, MA 02720
State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Eye Phy's & Surgeons
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 300.00

**C.**
Full Name (Last, First, Middle Initial): Daubert, Jack S
Mailing Address: 1411 North Flager Dr #9500
City: West Palm Beach, FL 33401
State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Washinton Hosp Ctr
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 665.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 900.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN242.PDF

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Brister, Zeb L
Mailing Address: 1145 S Utica St #162
City: Tulsa, State: OK, Zip Code: 74104
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 250.00

**B.**
Full Name (Last, First, Middle Initial): Smith, L Douglas
Mailing Address: 150 Jeff Davis Blvd #120
City: Natchez, State: MS, Zip Code: 39120
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Reizes, Ilan
Mailing Address: 500 North St PO Box 1380
City: Horseheads, State: NY, Zip Code: 14845
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 915.00

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 6 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Blaydes, Stephen H

Mailing Address: 2750 Laurel St #102

City: Bluefield, WV 24701 — State — Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 600.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial): Wells, John A

Mailing Address: 245 E Rivo Alto Dr

City: Columbia, SC 29204 — State — Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial): Hodapp, Elizabeth A

Mailing Address: 270 Clay Edwards Dr #550

City: Miami Beach, FL 33139 — State — Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: S. MA Eye Assoc

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 900.00

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Hagan, John C

Mailing Address: 9061 Bolsa Ave #105

City: North Kansas City, State: MO Zip Code: 64116

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [X] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial): Do Cuong-Dung

Mailing Address: PO Box 559

City: Westminister, State: CA Zip Code: 92683

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 200.00

**C.**

Full Name (Last, First, Middle Initial): Khan, Khalid L

Mailing Address: 201 E Clinton St

City: Talladega, State: AL Zip Code: 35161

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 550.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN049.PDF

FEC • 13457 • 0250

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 4 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Rea, Robert A

Mailing Address: 6802 Heritage Dr

City: Goshen, IN 46528 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial): Stuckenschneider, Brad

Mailing Address: 153-D Blue Heron Dr

City: Poplar Bluff, MO 63901 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial): Balar, Vasant

Mailing Address:

City: Daytona Beach, FL 32119 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 900.00

**TOTAL** This Period (last page this line number only) ▶

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 4 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Del Piero, Eric J
Mailing Address: 871 Cass St #200
City: Monterey, CA 93940 — State — Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 300.00

**B.**
Full Name (Last, First, Middle Initial): Piebenga, Larry W
Mailing Address: 4400 Broadway #102
City: Kansas City, MO 64111 — State — Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 150.00

**C.**
Full Name (Last, First, Middle Initial): Chapman, Jack M
Mailing Address: 691 Lanier Dr NE
City: Gainesville, GA 30505 — State — Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 950.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 7/01)

FE1AN062.PDF

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 10 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Kazahaya, Masayuki

Mailing Address: 1251 S Cedar Crest Blvd #307

City: Allentown, PA 18103 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial): Sadowski, Lawrence E

Mailing Address: 202 N Hammes Ave

City: Joliet, IL 60435 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial): Oyakawa, Ray T

Mailing Address: 415 N Crescent Dr #200

City: Beverly Hills, CA 90210 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Sharper Vision Center

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 665.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 565.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

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## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 11 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Matsko, Janine A
Mailing Address: 250 Philip Place
City: Philadelphia, PA 19106
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 250.00

**B.**
Full Name (Last, First, Middle Initial): Kimbrough, Richard L
Mailing Address: 2855 Gramercy
City: Houston, TX 77025
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: Houston Eye Assoc
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Marks, William P
Mailing Address: 30 Waleska St
City: Canton, GA 30114
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: Palmetto Eye Assn
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 980.00

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

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 12 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Shore, Douglas P
Mailing Address: 669 Boston Post Rd
City: Guilford, CT 06437
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 200.00

**B.**
Full Name (Last, First, Middle Initial): Pinke, James R
Mailing Address: 9 Cots St #I-A
City: Shelton, CT 06484
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 900.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 300.00

**C.**
Full Name (Last, First, Middle Initial): Fischer, David H
Mailing Address: 258 Lankenau Med Bld East
City: Wynnewood, PA 19096
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 865.00

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

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 13 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Anduze, Alfred L

Mailing Address: Box 5996/ Island Med Ctr

City: Christiansted, VI 00823 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 365.00

**B.**

Full Name (Last, First, Middle Initial): Hirshfield, Gary S

Mailing Address: 42-31 Colden St #102

City: Flushing, NY 11355 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 600.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial): Lowery, Robert D

Mailing Address: 10651 Gramercy Pl Apt #155

City: Searcy, AR 72143 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Lowery Med Surg E Ct

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 480.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 115.00

SUBTOTAL of Receipts This Page (optional) ▶ 780.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

22-01-7152-0265

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 14 OF 86

X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Goel, Sanjay D

Mailing Address: 1169 Eastern Parkway #3334 Med Arts Bldg

City: Columbia, MD 21044 — State — Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: The Baltimore Laser Sight Ctr

Occupation: Ophthalmologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 600.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial): Taustine, Lloyd R

Mailing Address: 56 Doctors Park

City: Louisville, KY 40217 — State — Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 965.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial): Cozean, Charles H

Mailing Address: 655 Medical Center Dr NE

City: Cape Girardeau, MO 63703 — State — Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 465.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 965.00

**TOTAL** This Period (last page this line number only) ▶

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 15 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Tibolt, Robert E
Mailing Address: 215 China Grade Loop
City: Salem, OR 97301 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 500.00

**B.**
Full Name (Last, First, Middle Initial): Stainer, Gregory A
Mailing Address: 12901 Bruce B Downs Blvd, MDC Box 21
City: Bakersfield, CA 93308 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 300.00

**C.**
Full Name (Last, First, Middle Initial): Pavan, Peter R
Mailing Address: 515 W Buckeye Rd #104
City: Tampa, FL 33612 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 1,165.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 16 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Heller, Warren H

Mailing Address: 2001 State Route 59

City: Phoenix, AZ 85003 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 200.00

**B.**

Full Name (Last, First, Middle Initial): Lohman, Lawrence E

Mailing Address: #200 234 Loyola Ave

City: Kent, OH 44240 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: NE Ohio Eye Surgeons

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 200.00

**C.**

Full Name (Last, First, Middle Initial): Rumage, Joseph P

Mailing Address:

City: New Orleans, LA 70112 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 240.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 17 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Forgach, Peter W

Mailing Address: 405 International Dr

City: Wlalllamsville, NY 14221

State / Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 400.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial): Brueggemann, W George

Mailing Address: 411 Plaza Dr #F

City: Columbus, IN 47201

State / Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 365.00

**C.**

Full Name (Last, First, Middle Initial): Blankenship, George W

Mailing Address: 500 University Dr UPC 800

City: Hershey, PA 17033

State / Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Univ Miami

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 1,365.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,030.00

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

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 18 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Lanning, Richard C
Mailing Address: 220 Grandview Ave
City: Camp Hill PA 17011 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): Schietroma, John, J
Mailing Address: 220 Grandview Ave
City: Camp Hill PA 17011 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Pheasant Lanning Assoc
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Borchert, Mark S
Mailing Address: 4650 Sunset Blvd MS 88
City: Los Angeles, CA 90027 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Univ Southern Calif
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 200.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 930.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

22.03.758.0271

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 86
(check only one)

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Spivack, Lawrence
Mailing Address: 8200 E Belleview, E Tower #200
City: Englewood, CO 80111
State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Colo Eye Specialist
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 250.00

**B.**
Full Name (Last, First, Middle Initial): Banach, Michael J
Mailing Address: 220 Grandview Ave
City: Camp Hill PA 17011
State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Pheasant, Thomas R
Mailing Address: 220 Grandview Ave
City: Camp Hill PA 17011
State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Pheasant Lanning Assoc
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 980.00

**TOTAL** This Period (last page this line number only) ▶

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 20 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Leemaster, Jay E
Mailing Address: 500 SW Fifth St #101
City: Moore, OK 73160 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Eyecare Oklahoma, Inc
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 300.00

**B.**
Full Name (Last, First, Middle Initial): Grantham, R Lee
Mailing Address: PO Box 2171
City: Aiken, SC 29802 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 100.00

**C.**
Full Name (Last, First, Middle Initial): Shields, Robert L
Mailing Address: 850 East Harvard Ave #205
City: Denver, CO 80210 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 21 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Prensky, Jay G
Mailing Address: 220 Grandview Ave
City: Camp Hill State: PA Zip Code: 17011
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): Martin, Stephen S
Mailing Address: 146 Academy St #D
City: Presque Isle, ME State: Zip Code: 04769
FEC ID number of contributing federal political committee: C
Name of Employer: Aroostook CT Reg OP
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 500.00

**C.**
Full Name (Last, First, Middle Initial): Shaver, Jeffrey T
Mailing Address: 4 Trapper Ct
City: Edmond, OK State: Zip Code: 73034
FEC ID number of contributing federal political committee: C
Name of Employer: State of Oklahoma
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 1,165.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 22 OF 86

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Henslee, Steven L
Mailing Address: Via Sur CM-3, La Cima
City: Midland, GA 31820 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Columbus Clinic
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 100.00

**B.**
Full Name (Last, First, Middle Initial): Mejias, Ana H
Mailing Address: 1820 Barrs St #122
City: Trujillo Alto, PR 00976 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 200.00

**C.**
Full Name (Last, First, Middle Initial): Gilbert, Walter R
Mailing Address: 1600 Highway 95
City: Jacksonville, FL 32204 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1,100.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 23 OF 96

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Glassmann, Scott A

Mailing Address: 3524 E Milwaukee St

City: Bullhead City, AZ 86442 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial): Thomassen, Thom S

Mailing Address: 1703 S Meridian #101

City: Janesville, WI 53546 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 200.00

**C.**

Full Name (Last, First, Middle Initial): Fox, Leslie P

Mailing Address: 3845 Club Dr

City: Puyallup, WA 98371 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 750.00

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 24 OF 96

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Lynch, Mary G

Mailing Address: 115 East 39th St

City: Atlanta, GA 30319 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 200.00

**B.**

Full Name (Last, First, Middle Initial): Obstbaum, Stephen A

Mailing Address: 500 SW Fifth St #101

City: New York, NY 10016 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Baras Barasch Obstbu

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial): Leemaster, Jay E

Mailing Address:

City: Moore, OK 73160 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Eyecare Oklahoma, Inc

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 65.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 565.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

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# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 25 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Cumba, Jose R

Mailing Address: PO Box 913

City: Bayamon, PR 00960 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial): Operchal, Thomas

Mailing Address: 2375 Overseas Hwy #103

City: Marathon, FL 33050 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial): Purdy, Eric P

Mailing Address: 11220 Rolling Pine Run

City: Fort Wayne, IN 46804 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 730.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 715.00

**TOTAL** This Period (last page this line number only) ▶

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 26 OF 96

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Rosenberg, Paul N

Mailing Address: 60 Barrett Dr #100

City: Webster, NY 14580 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Webster Oph Assoc

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial): White, Thomas C

Mailing Address: 1701 South Minnesota Ave

City: Sioux Falls, SD 57105 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 365.00

**C.**

Full Name (Last, First, Middle Initial): Levine, Ira K

Mailing Address: 2000 Towerside Terrace #609

City: Miami Beach, FL 33138 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,230.00

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

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 27 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Mallory, David B

Mailing Address: 1240 SW 44th

City: Oklahoma City, OK 73109 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Southwest Eye Clinic

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 600.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial): Werner, Robert B

Mailing Address: 330 Straight St #201

City: Cincinnati, OH 45219 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial): Hall, Darryl H

Mailing Address: 205-16 Linden Blvd

City: St Albans, NY 11412 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 650.00

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

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 28 OF 36

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): O'Neil, Thomas C

Mailing Address: 303 W Eaton Ave

City: Tracy, CA 95376 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 730.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 365.00

**B.**

Full Name (Last, First, Middle Initial): Goldstein, Paul H

Mailing Address: 2801 W Kinnickinnic River Pkwy

City: Milwaukee, WI 53215 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Eye Physician Assoc

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 365.00

**C.**

Full Name (Last, First, Middle Initial): Garcia, Ivan H

Mailing Address: 7008 Security Blvd #100

City: Baltimore, MD 21244 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 03 2000

Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 1,095.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

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22 - DEC - 2000 15:55

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 29 OF 86

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Mono, Jeffrey A
Mailing Address: 8901 W Golf #200
City: Des Plaines, IL 60016
State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Drs M Hirshman Jr VA
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 200.00

**B.**
Full Name (Last, First, Middle Initial): Newton, Catherine
Mailing Address: 6420 Dutchmans Pky #170
City: Louisville, KY 40205
State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Rich, William L
Mailing Address: 2414 Youngstown Rd
City: Falls Church, VA 22044
State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Northern Virginia OA
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 10 03 2000
Amount of Each Receipt this Period: 1,000.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 1,565.00

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 30 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Torem, Issac

Mailing Address: 1100 North Main Ave

City: Warren, OH 44484 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 09 2000

Amount of Each Receipt this Period: 365.00

**B.**

Full Name (Last, First, Middle Initial): Braverman, Sheldon P

Mailing Address: 910 E Willow Grove Ave

City: San Antonio, TX 78212 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 600.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial): Ho, Allen C

Mailing Address: 15055 Plaza South Dr

City: Wyndmoor, PA 19038 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 765.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 31 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Betamaric, Marilyn K

Mailing Address: 1725 West Harrison St

City: Taylor, State: MI, Zip Code: 48180

FEC ID number of contributing federal political committee: C

Name of Employer: Southland Eye Clinic

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 200.00

**B.**

Full Name (Last, First, Middle Initial): Deutsch, Thoas A

Mailing Address: 500 University Dr UPC 800

City: Chicago, State: IL, Zip Code: 60612

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial): Blankenship, George W

Mailing Address: 50 South Beretania St #C116 Kukui Plaza Mall

City: Hershey, State: PA, Zip Code: 17033

FEC ID number of contributing federal political committee: C

Name of Employer: Univ Miami

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 1,365.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 1,000.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 1,700.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AK042.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 32 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Chee, Percival H

Mailing Address: 115 East 61st St

City: Honolulu, HI 96813 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial): Finger, Paul T

Mailing Address: 2100 Webster St #214

City: New York, NY 10021 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 499.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 199.00

**C.**

Full Name (Last, First, Middle Initial): Atkins, Roger E

Mailing Address:

City: San Francisco, CA 94115 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 864.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1RN042.PDF

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 33 OF 86

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Farkas, Stephen J
Mailing Address: 691 Lanier Park Dr
City: Gainesville, GA 30501 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 250.00

**B.**
Full Name (Last, First, Middle Initial): Brick, Jeffrey M
Mailing Address: 6724 Troost St #210
City: Kansas City, MO 64131 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 200.00

**C.**
Full Name (Last, First, Middle Initial): Fenzl, Thomas C
Mailing Address: 3519 Friendsville Rd
City: Wooster, OH 44691 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 815.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

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## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 34 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Striph, Gerald G

Mailing Address: 2865 N Reynolds Rd

City: Toledo, OH 43615 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Drs Kozy & Willard

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 600.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial): Medford, David J

Mailing Address: 95 Madison Ave

City: Morristown, NJ 07960 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 730.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 365.00

**C.**

Full Name (Last, First, Middle Initial): Sanders, C Drew

Mailing Address: 1978 Industrial Blvd

City: Houma, LA 70363 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 965.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 35 OF 86

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Horner, Paul I

Mailing Address: 731 Marbleway

City: Boca Raton, FL 33432

State / Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Boca Raton Assoc.

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 730.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 365.00

**B.**

Full Name (Last, First, Middle Initial): Saetre, Siv B

Mailing Address: 1228 E Rusholme St

City: Davenport, IA 52803

State / Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial): Meyer, Larry A

Mailing Address: 417 South Monroe St

City: Green Bay, WI 54301

State / Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 665.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

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## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 36 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Magie, Stephen K

Mailing Address: 9800 Lile Dr #501

City: Little Rock, AR 72205 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Magie Eye Clinic

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 730.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 365.00

**B.**

Full Name (Last, First, Middle Initial): Tigani, Michael C

Mailing Address: 1515 Chain Bridge Rd #G-17

City: McLean, VA 22101 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 600.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial): Brown, Brian M

Mailing Address: 11411 Brookshire Ave #402

City: Downey, CA 90241 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 730.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 1,030.00

**TOTAL** This Period (last page this line number only) ▶

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 17 OF 86

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Veal, James R
Mailing Address: 1890 Alabama Hwy 157 #410
City: Cullman, AL 35058 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): Taylor, Bruce R
Mailing Address: 60 Mahalani St
City: Wailuki, HI 96793 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 300.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 300.00

**C.**
Full Name (Last, First, Middle Initial): Cofield, Donald D
Mailing Address: 139 Hazard Ave
City: Bloomington, IN 47403 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 1,030.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

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## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 38 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Lucey, Kimberly A
Mailing Address: 177 Parkwood Dr
City: Enfield, CT 06082
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 100.00

**B.**
Full Name (Last, First, Middle Initial): Stewart, Wells
Mailing Address: 910 East Wllow Grove Ave
City: Elkin, NC 28621
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 200.00

**C.**
Full Name (Last, First, Middle Initial): Vander, James F
Mailing Address: 5305 Greenwood Ave #101
City: Wyndmoor, PA 19038
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 800.00

**TOTAL** This Period (last page this line number only) ▶

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 OF 56
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Lowe, Catherine
Mailing Address: 2877 Crooks Rd #B
City: West Palm Beach, State: FL, Zip Code: 33407
FEC ID number of contributing federal political committee: C
Name of Employer: Retinovitreous Assn
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 250.00

**B.**
Full Name (Last, First, Middle Initial): Di Lorenzo, Anna L
Mailing Address: 475 Tuckahoe Rd #203
City: Troy, State: MI, Zip Code: 48084
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 300.00

**C.**
Full Name (Last, First, Middle Initial): Silverman, Bonnie S
Mailing Address: 3000 Rogers Ave
City: Yonkers, State: NY, Zip Code: 10710
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

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## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 40 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Price, Claire B
Mailing Address: 702 East Clark Blvd
City: Fort Smith, AR 72901 — State — Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 200.00

**B.**
Full Name (Last, First, Middle Initial): Ranz, David O
Mailing Address: 6409 Oxbow Bend
City: Murfreesboro, TN 37130 — State — Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 614.94
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 121.67

**C.**
Full Name (Last, First, Middle Initial): Schneider, Timothy
Mailing Address:
City: Chanhassen, MN 55317 — State — Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 686.67

**TOTAL** This Period (last page this line number only) ▶

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 OF 86
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Cousar, George B
Mailing Address: 104 Simpson St
City: Greenville, State: SC, Zip Code: 29605
FEC ID number of contributing federal political committee: C
Name of Employer: Southern Eye Assoc
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 730.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): Stone, Edwin M
Mailing Address: Univ Iowa Hosp & Clinics, Dept of Ophth
City: Iowa City, State: IA, Zip Code: 52242
FEC ID number of contributing federal political committee: C
Name of Employer: Univ of Iowa
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Sprunger, Derek T
Mailing Address: 201 Pennsylvania Pkwy
City: Indianapolis, State: IN, Zip Code: 46280
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,095.00

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

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 42 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Miller, Kenlyn S
Mailing Address: 225 Porter Valley Rd
City: Marion, VA 24354 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 200.00

**B.**
Full Name (Last, First, Middle Initial): Shock, John P
Mailing Address: 4301 W Markham St #523
City: Little Rock, AR 72205 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Univ of Arkansas
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 100.00

**C.**
Full Name (Last, First, Middle Initial): Villarreal, Arnoldo R
Mailing Address: 1521 South Staples
City: Corpus Christi, TX 78404 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 665.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE1Angel.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 43 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Miller-Meeks, Mariannette J

Mailing Address: 1005 E Pennsylvania

City: Ottumwa, State: IA, Zip Code: 52501

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial): Brockman, Todd A

Mailing Address: 1717 South Utica Ave #204

City: Tulsa, State: OK, Zip Code: 74104

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 200.00

**C.**

Full Name (Last, First, Middle Initial): Meredith, Travis A

Mailing Address: #17413 East Pavilion, One Barnes Hospital Plaza

City: St Louis, State: MO, Zip Code: 63110

FEC ID number of contributing federal political committee: C

Name of Employer: Retina Consultants

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 10 2000

Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 800.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 44 OF 86

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Essman, Thomas F
Mailing Address: 1645 East Meadowmere
City: Springfield, MO 65804
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): Distefano, Deborah R
Mailing Address: 1949 Gunbarrel Rd #300
City: Chattanooga, TN 37421
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Drucker, Mark
Mailing Address: 1855 San Miguel Dr #28
City: Walnut Creek, CA 94596
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,095.00

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

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 OF 86
(check only one)
X 11a | 11b | 11c | 12 | 13 | 14 | 15 | 16 | 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Goldberg, Michael H
Mailing Address: 2296 Opitz Blvd #120
City: Woodbridge, VA 22191
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: X Primary | General | Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 250.00

**B.**
Full Name (Last, First, Middle Initial): Trotta, Francois D
Mailing Address: 1000 North Curtis, #201
City: Boise, ID 83706
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: X Primary | General | Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 300.00

**C.**
Full Name (Last, First, Middle Initial): Iliff, W Jackson
Mailing Address: 2102 East 41st St
City: Catonsville, MD 21228
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: X Primary | General | Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 915.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AH042.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 46 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Breene, Dennis
Mailing Address: 125 Doughty St #120
City: Sterling, IL 61081
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: Sterling RockFall Clinic
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 / 10 / 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): Boatwright, John G
Mailing Address: 5454 Wisconsin Ave #1540
City: Charleston, SC 29403
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 10 / 10 / 2000
Amount of Each Receipt this Period: 50.00

**C.**
Full Name (Last, First, Middle Initial): Perrault, L Edward
Mailing Address: 10293 North Meridian St #325
City: Chevy Chase, MD 20815
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: Retina Grp Wash DC
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 / 10 / 2000
Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 780.00

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17



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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Brumbaugh, Howard D
Mailing Address: 3550 Lutheran Pky #102
City: Indianapolis, State: IN, Zip Code: 46290
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 200.00

**B.**
Full Name (Last, First, Middle Initial): Houlder, Nancy A
Mailing Address: 1127 Pope St
City: Wheat Ridge, State: CO, Zip Code: 80033
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 200.00

**C.**
Full Name (Last, First, Middle Initial): Perry, Julie M
Mailing Address: 6910 Lake Worth Rd
City: St Helena, State: CA, Zip Code: 94574
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 700.00

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 43 OF 86

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Feuer, Paul M
Mailing Address: 3536 Mendocina Ave #360
City: Lake Worth, FL 33467 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 200.00

**B.**
Full Name (Last, First, Middle Initial): Meffert, Stephen A
Mailing Address: 5802 Washington Ave
City: Santa Rosa, CA 95403 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 250.00

**C.**
Full Name (Last, First, Middle Initial): Kontra, Dennis J
Mailing Address:
City: Racine, WI 53406 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 750.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE!AN042.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 OF 86
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Johnson, Jo
Mailing Address: Barnards Tavern, Barnards Lane
City: Kennebunk, ME 04043
State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 200.00

**B.**
Full Name (Last, First, Middle Initial): Morgan, Michael G
Mailing Address: 18128 Green Lakes Ct
City: Baton Rouge, LA 70810
State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Berenton, Randall S
Mailing Address: 5494 Lakeview Dr
City: Clear Lake, IA 50428
State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 930.00

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 50 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Fortin, John G
Mailing Address: 2800 Ross Clark Circle SW
City: Dothan, AL 36301 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00

Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

**B.**

Full Name (Last, First, Middle Initial): Sjaarda, Raymond N
Mailing Address: 7505 Osler Dr #103
City: Baltimore, MD 21204 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Gloser & Michels P.A.
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial): Cox, Kevin W
Mailing Address: 635 Robert E Lee Ave
City: Elkins, WV 26241 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 600.00

Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 965.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 OF 86
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Shah, Sanjay S
Mailing Address: 1650 First Ave NE
City: Cedar Rapids, State: IA Zip Code: 52402
FEC ID number of contributing federal political committee: C
Name of Employer: Iowa Eye PC
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): May, Donald R
Mailing Address: PO Box 1678
City: Lubbock, State: TX Zip Code: 79408
FEC ID number of contributing federal political committee: C
Name of Employer: Texas Tech Univ
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 300.00

**C.**
Full Name (Last, First, Middle Initial): Khater, Tim T
Mailing Address: 4020 21st St #5
City: Lubbock, State: TX Zip Code: 79410
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [X] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,030.00

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

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 OF 87
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Tolchin, Neal A
Mailing Address: 3000 Regency Ct #100
City: Toledo, State: OH, Zip Code: 43623
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): Gandhi, Sham S
Mailing Address: 3602 23rd St
City: Lubbock, State: TX, Zip Code: 79410
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 10 2000
Amount of Each Receipt this Period: 200.00

**C.**
Full Name (Last, First, Middle Initial): Von Brauchitsch, Douglas K
Mailing Address: PO Box 1683
City: Flat Rock, State: NC, Zip Code: 28731
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 765.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 53 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Savitt, Michael L

Mailing Address: 1800 Sherman Ave #511

City: Evanston, IL 60201 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 365.00

**B.**

Full Name (Last, First, Middle Initial): Phillips, William B

Mailing Address: 3236 Spriggs Request Way

City: Mitchellville, MD 20721 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 200.00

**C.**

Full Name (Last, First, Middle Initial): Gordon, Alan

Mailing Address: 100 Charles River Plaza, 4th Fl

City: Lewistown, PA 17044 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 830.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 930.00

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

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 54 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Tolentino, Felipe I

Mailing Address: 515 Thompson St #A

City: Boston, MA 02114

State / Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 200.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 200.00

**B.**

Full Name (Last, First, Middle Initial): Haines, Carroll F

Mailing Address: 108 E Lake Mead Dr #303

City: Eden, NC 27288

State / Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 365.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 365.00

**C.**

Full Name (Last, First, Middle Initial): Shalev, Joseph

Mailing Address: 3505 Hill Blvd

City: Henderson, NV 89015

State / Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 365.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 930.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN02.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 OF 86
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Markowitz, Allan S
Mailing Address: 17202 Red Oak Dr #312
City: Yorktown Heights, NY 10598 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): Allam, Belu
Mailing Address: 512 East Main St
City: Houston, TX 77090 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Mann Eye Clinic
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 200.00

**C.**
Full Name (Last, First, Middle Initial): Peterson, Lee H
Mailing Address: 600 Highland Ave
City: Hillsboro, OR 97123 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 865.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE7AN042.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 OF 86
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Barney, Neal P
Mailing Address: 2214 Canterbury Dr #312
City: Madison, WI 53792
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 200.00

**B.**
Full Name (Last, First, Middle Initial): Pokorny, John C
Mailing Address: 2727 W Holcombe Blvd 4th fl
City: Hays, KS 67601
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Webb, Nancy R
Mailing Address:
City: Houston, TX 77025
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: Kelsey-Seybold Clininc
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 930.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE1A1042.PDF

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 57 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Scott, Timothy V

Mailing Address: 323 North Prarie Ave #201

City: Inglewood, CA 90301 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 365.00

**B.**

Full Name (Last, First, Middle Initial): Daubert, Jack S

Mailing Address: 1411 North Flager Dr #9500

City: West Palm Beach, FL 33401 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Washington Hosp Ctr

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 665.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 365.00

**C.**

Full Name (Last, First, Middle Initial): Sarkos, Sophia M

Mailing Address: 842 Warner Rd

City: Brookfield, OH 44403 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 350.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 780.00

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 58 OF 96

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Kanawati, Yasier
Mailing Address: 510 Cherry St #305
City: Bluefield, State: WV, Zip Code: 24701
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 200.00

**B.**
Full Name (Last, First, Middle Initial): Warren, Claude M
Mailing Address: PO Box 8129
City: Mobile, State: AL, Zip Code: 36689
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 200.00

**C.**
Full Name (Last, First, Middle Initial): Sisler, Hampson A
Mailing Address: 28 West 12th St
City: New York, State: NY, Zip Code: 10011
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 500.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 7/01)

FE1AN042.PDF

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 59 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Dirks, Monte S
Mailing Address: 1348 Panorama Cir
City: Rapid City, SD 57701
State / Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 500.00

**B.**
Full Name (Last, First, Middle Initial): Greenlee, Lynn F
Mailing Address: 1145 Ohio Ave
City: Canon City, CO 81212
State / Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Salisbury, John D
Mailing Address: 700 West Kent
City: Missoula, MT 59801
State / Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 1,365.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 OF 96
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Roust, Gerald A
Mailing Address: 1630 Adams St
City: Mankato, MN 56001 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Ophth Assoc Mankato
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 365.00

B.
Full Name (Last, First, Middle Initial): Sakowitz, Howard
Mailing Address: 1061 Medical Center Dr #204
City: Orange City, FL 32763 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Day-Sakowitz MD PA
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 200.00

C.
Full Name (Last, First, Middle Initial): Lawson, Edgar C
Mailing Address: 1011 East Jefferson St
City: Charlotteesville, VA 22901 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 930.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 61 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Podos, Steven M
Mailing Address: Mt Sinai Med Ctr Box 1183, 1 Gustave Levy Pl
City: New York, NY 10029 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Mt Sinai
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 200.00

**B.**
Full Name (Last, First, Middle Initial): Barnes, John L
Mailing Address: PO Box 5620
City: San Angelo, TX 76902 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 300.00

**C.**
Full Name (Last, First, Middle Initial): Rabb, Maurice F
Mailing Address: 421 Munoz Rivera Ave #807
City: Chicago, IL 60611 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 865.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 62 OF 86

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Ramos-Umpierre, Antonio
Mailing Address: 1820 Barrs St #122
City: Hato Rey, PR 00918
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 500.00

**B.**
Full Name (Last, First, Middle Initial): Gilbert, Walter R
Mailing Address: 322 Dewey St
City: Jacksonville, FL 32204
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,100.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 300.00

**C.**
Full Name (Last, First, Middle Initial): FitzGerald, James L
Mailing Address: 761 45th St #101
City: Bennington, VT 05201
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: Adv Eye Care
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,095.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,165.00

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

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 43 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Wolff, Larry H

Mailing Address: 2393 Schust

City: Munster, IN 46321 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 365.00

**B.**

Full Name (Last, First, Middle Initial): Shokoohi, Farhad D

Mailing Address: PO Box 330069

City: Saginaw, MI 48603 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial): Gutierrez-Dorrington, Jorge H

Mailing Address: 2719 Bolton Boone Dr

City: Ponce, PR 00733 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 1,030.00

**TOTAL** This Period (last page this line number only) ▶

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 64 OF 76

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Tortl, Robert E
Mailing Address: 1008 North Main St
City: DeSoto, TX 75115
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: Parkland Hosp
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 200.00

**B.**
Full Name (Last, First, Middle Initial): Ringer, Jerry N
Mailing Address: 310 East 14th St
City: Bloominton, IL 61701
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: Gailey Eye Clinic
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 300.00

**C.**
Full Name (Last, First, Middle Initial): Muldoon, Thomas O
Mailing Address:
City: New York, NY 10003
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 800.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

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## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 65 OF 86

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Ketley, Curtin G

Mailing Address: 303 E Town St #270

City: Columbus, State: OH, Zip Code: 43215

FEC ID number of contributing federal political committee: C

Name of Employer: Eye Surg Ctr of Ohio

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 600.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial): Wilson, John F

Mailing Address: 506 Oriole Ln

City: Wausau, State: WI, Zip Code: 54401

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 365.00

**C.**

Full Name (Last, First, Middle Initial): Shavo, Alan L

Mailing Address: 10921 Wilshire Blvd #1205

City: Los Angeles, State: CA, Zip Code: 90024

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 965.00

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 OF 96
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Cooper, George L
Mailing Address: 1629 Owen Dr
City: Fayetteville, State: NC, Zip Code: 28304
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 100.00

**B.**
Full Name (Last, First, Middle Initial): James, Maurice
Mailing Address: 971 Lakeland Dr #661
City: Jackson, State: MS, Zip Code: 39216
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 200.00

**C.**
Full Name (Last, First, Middle Initial): Randle, Lucious
Mailing Address: 1213 Herman Dr #415
City: Houston, State: TX, Zip Code: 77004
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 400.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE\RN042.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 67 OF 96

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Cranston, Russell D
Mailing Address: 130 Center Way
City: Corning, NY 14830
State / Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Guthrie Clinic
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): Chew, Emily Y
Mailing Address: 31 Center Dr MSC 2510, bldg 31 rm 6A52
City: Bethesda, MD 20892
State / Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: nih
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 150.00

**C.**
Full Name (Last, First, Middle Initial): Nayar, Romesh C
Mailing Address: 81 Ford Ave
City: Wharton, NJ 07885
State / Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,015.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

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## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Levin, Jerrold M
Mailing Address: 5300 Cornell Rd
City: Cincinnati, OH 45242
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): Morimoto, David
Mailing Address: 219 North Hames Ave Box 2937
City: Joliet, IL 60434
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: Assn Ophth
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Porter, Dean P
Mailing Address: 5672 Cedar Creek Dr
City: Houston, TX 77056
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 1,095.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

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# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 69 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Hsieh, Robert C

Mailing Address: 6510 Kenilworth Ave

City: Riverdale, MD 20737 — State — Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 365.00

**B.**

Full Name (Last, First, Middle Initial): Jacobs, Steven J

Mailing Address: 1650 First Ave NE

City: Cedar Rapids, IA 52402 — State — Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 365.00

**C.**

Full Name (Last, First, Middle Initial): Lamkin, Jeffrey C

Mailing Address: 1 Physician's Plz Ste 282

City: Akron, OH 44304 — State — Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 1,095.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

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# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 OF 86
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Gamponia, Edgar C
Mailing Address: 125 Carlyle Clr
City: Fairmont, WV 26554 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Reginal Eye Assoc
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 300.00

**B.**
Full Name (Last, First, Middle Initial): Cohen, Steven M
Mailing Address: 2120 Antilley Rd
City: Palm Harbor, FL 34683 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 1,000.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 500.00

**C.**
Full Name (Last, First, Middle Initial): Thames, Paul B
Mailing Address: PO Box 10009
City: Abilene, TX 79606 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Eye Med Assoc Abilene
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,165.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE\AN042.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 71 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Newman, Steven A
Mailing Address: 631 Colliseum Dr
City: Charlottesville, VA 22906
State / Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: UVA
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): Gottlieb, Louis N
Mailing Address: 4701 Meridian Ave #202
City: Winston-Salem, NC 27106
State / Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 100.00

**C.**
Full Name (Last, First, Middle Initial): Weiss, Thomas
Mailing Address: 9 Cote St #I-A
City: Miami Beach, FL 33140
State / Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 650.00
Date of Receipt: 10 12 2000
Amount of Each Receipt this Period: 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 615.00

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

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 72 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Pinke, James B

Mailing Address: 3206 Chruchland Blvd

City: Shelton, CT 06484 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 900.00

Date of Receipt: 10 12 2000

Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial): Baker, Robert E

Mailing Address: 2630 E Cecil Dr

City: Chesapeake, VA 23321 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 13 2000

Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial): Armstrong, John D

Mailing Address:

City: Salt Lake City, UT 84124 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 13 2000

Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 965.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FEIAN042.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) — PAGE 73 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Davis, Richard M

Mailing Address: 300 South Hawthorne Rd

City: Winston-Salem, NC 27103 — State — Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: SC Eye Instit. — Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 10 13 2000

Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial): Terry, Mark A

Mailing Address: 1040 NW 22nd Ave N-200

City: Portland, OR 97210 — State — Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: McGee Eye Instit. — Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 13 2000

Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial): Gray, James H

Mailing Address: 3500 Gaston Ave #760

City: Dallas, TX 75246 — State — Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: self — Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 900.00

Date of Receipt: 10 13 2000

Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 900.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1ANOS2.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 74 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Hein, Stephen R

Mailing Address: 721 West Main St

City: Wilmington, OH 45177 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 900.00

Date of Receipt: 10 13 2000

Amount of Each Receipt this Period: 400.00

**B.**

Full Name (Last, First, Middle Initial): Boles, Samuel F

Mailing Address: 1915 Tradd Ct

City: Wilminton, NC 28401 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 13 2000

Amount of Each Receipt this Period: 365.00

**C.**

Full Name (Last, First, Middle Initial): Stewart, Larry D

Mailing Address: 1717 Oak Park Blvd

City: Lake Charles, LA 70601 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 13 2000

Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 965.00

**TOTAL** This Period (last page this line number only) ▶

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 75 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Sanislo, Steven R

Mailing Address: 115 Montelena Ct

City: Mountain View, CA 94040 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 13 2000

Amount of Each Receipt this Period: 200.00

**B.**

Full Name (Last, First, Middle Initial): Tilden, Morris E

Mailing Address: 2155 Westlake Dr

City: Longmont, CO 80503 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Yey Care Ctr of N CO

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 1,000.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 1,000.00

**C.**

Full Name (Last, First, Middle Initial): Leueder, Gregg T

Mailing Address: 1 Childrens Pl #2S89

City: St Louis, MO 63110 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Washington Univ Hosp

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,565.00

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

FEC Schedule A (Form 3X) (Revised 1/01)

FE1A1042.PDF

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 76 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Cohn, Kenneth
Mailing Address: 3849 Tweedy Blvd
City: South Gate, CA 90280
State / Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 100.00

**B.**
Full Name (Last, First, Middle Initial): Yakubov, Lyn E
Mailing Address: 10 Dutton Dr
City: Youngstown, OH 44502
State / Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Eye Care Assoc, Inc
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1,030.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Spalding, Samuel C
Mailing Address: 3107 East Genesee St
City: Syracuse, NY 13224
State / Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Retina Vitreous Sure
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 765.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 77 OF 86

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Stratas, Byron A

Mailing Address: 1915 Glen Meade Rd

City: Wilmington, NC 28403 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Eye Associates

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 730.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 365.00

**B.**

Full Name (Last, First, Middle Initial): Arnold, Barbara J

Mailing Address: 7275 East Southgate Dr #201

City: Sacramento, CA 95823 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 300.00

**C.**

Full Name (Last, First, Middle Initial): Klein, Diane F

Mailing Address: 301 South Boulevard #119

City: Irving, TX 75063 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 1,030.00

**TOTAL** This Period (last page this line number only) ▶

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 78 OF 86

- [X] 11a
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- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Shaver, Jeffrey T

Mailing Address: 350 Hillcrest Dr

City: Edmond, OK 73034 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: State of Oklahoma

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial): Schlecte, M Charles

Mailing Address: 924 NE First St

City: Waco, TX 76708 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Waco Eye Assoc

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 365.00

**C.**

Full Name (Last, First, Middle Initial): Richie, Michael G

Mailing Address: 340 East Twon ST #7-150

City: Faribault, MN 55021 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Fairbault Clinic

Occupation: Ophthalmologist

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 865.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1NN042.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 OF 86
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Bruce, Robert A
Mailing Address: 5140 N California #565
City: Columbus, State: OH, Zip Code: 43215
FEC ID number of contributing federal political committee: C
Name of Employer: Retina Grp Wash DC
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): Lim, Han K
Mailing Address: 1003 Pensacola St
City: Chicago, State: IL, Zip Code: 60625
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Minatoya, Harvey K
Mailing Address: 2634 Grand Ave
City: Honolulu, State: HI, Zip Code: 96814
FEC ID number of contributing federal political committee: C
Name of Employer: Minatoya Eye Center
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 1,030.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

F(1AM042.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 OF 86
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Frydman, Joseph E
Mailing Address: 2668 Winkler Ave
City: Waukegan, IL 60085 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 100.00

**B.**
Full Name (Last, First, Middle Initial): Walker, Joseph P
Mailing Address: 1327 Clifton Rd NE
City: Fort Myers, FL 33901 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Retina Consultants
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 730.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Beck, Allen D
Mailing Address:
City: Atlanta, GA 30322 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: Emery Univ
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 830.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 81 OF 86

- [X] 11a
- [ ] 11b
- [ ] 11c
- [ ] 12
- [ ] 13
- [ ] 14
- [ ] 15
- [ ] 16
- [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Beardsley, Allen N
Mailing Address: Box 2020
City: Havre, MT 59501
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 300.00

**B.**
Full Name (Last, First, Middle Initial): Garraton, Manuel
Mailing Address: Box 965 Victoria Station
City: Aguadilla, PR 00605
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Brumback, George F
Mailing Address: 348 North Elm Street
City: Greensboro, NC 27401
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: Greensboro Oph Assn
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 275.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 865.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN04A.PDF

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 92 OF 96

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Taboas, Rafael A
Mailing Address: La Torre de Plaza, 525 Roosevelt Ave #705
City: San Juan, PR 00918 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 200.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 200.00

**B.**
Full Name (Last, First, Middle Initial): Rivera-Castro, Angel
Mailing Address: 27 Forte St #4
City: San Juan, PR 00913 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 365.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 365.00

**C.**
Full Name (Last, First, Middle Initial): Sandler, Michael H
Mailing Address: 80 G Painters Mill Rd
City: Owings Mills, MD 21117 State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 665.00

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

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 OF 86
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICAN ACADEMY OF OPHTHALMOLOGY, INC (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Duncan, George W
Mailing Address: 7800 York Rd #110
City: Baltimore, MD 21204
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 365.00

**B.**
Full Name (Last, First, Middle Initial): Nichamin, Louis D
Mailing Address: 103 Jefferson St
City: Brookville, PA 15825
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 300.00

**C.**
Full Name (Last, First, Middle Initial): Pugh, David B
Mailing Address: 18599 Lakeshore Blvd
City: Cleveland, OH 44119
State / Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer: MEDNET
Occupation: Ophthalmologist
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 10 17 2000
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 765.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN02.PDF

## SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 84 OF 86

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Gerald, Robert E

Mailing Address: 7308 Fleming

City: Amarillo, TX 79106

State / Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial): Purdy, Eric P

Mailing Address: 11220 Rolling Pine Run

City: Fort Wayne, IN 46804

State / Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 730.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 365.00

**C.**

Full Name (Last, First, Middle Initial): Grosserode, Robert S

Mailing Address: 3747 Sunset Lane

City: Antioch, CA 94531

State / Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ▶ 1,030.00

**TOTAL** This Period (last page this line number only) ▶

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN342.PDF

# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 85 OF 96

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Hall, Darryl H

Mailing Address: 205-16 Linden Blvd

City: St Albans, NY 11412 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial): Mathias, Daniel W

Mailing Address: 55 Arch St #3B

City: Akron, OH 44304 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 365.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 365.00

**C.**

Full Name (Last, First, Middle Initial): Kearfoot, Jeffrey L

Mailing Address: 635 Robert E Lee Ave

City: Springfield, OH 45505 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Kearfott Eye Group, Inc

Occupation: Ophthalmologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 200.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 665.00

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

# SCHEDULE A (FEC Form 3X)
## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 86 OF 86

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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 (OPHTHPAC)

**A.**

Full Name (Last, First, Middle Initial): Cox, Kevin W

Mailing Address: 25700 Science Park Dr #190

City: Elkins, WV 26241 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 600.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial): Weldenthal, Daniel T

Mailing Address:

City: Beachwood, OH 44122 State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 730.00

Date of Receipt: 10 17 2000

Amount of Each Receipt this Period: 365.00

**C.**

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer:

Occupation:

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date:

Date of Receipt:

Amount of Each Receipt this Period:

**SUBTOTAL** of Receipts This Page (optional) ▶ 665.00

**TOTAL** This Period (last page this line number only) ▶ 77,555.67

FEC Schedule A (Form 3X) (Revised 1/01)

FE1AN042.PDF

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 1 OF 25

FOR LINE NUMBER 11(a)(i)

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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 | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| STARK, BRUCE I.<br>CHESTER COUNTY EYE CARE<br>606 E. MARSHALL ST #104<br>WEST CHESTER, PA 19380<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/3/2000 | 100.00 |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| GELENDER, HENRY<br>7150 GREENVILLE, AVE #600<br>DALLAS, TX 75231<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 150.00 | 10/3/2000 | 150.00 |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| ELLER, ANDREW W.<br>203 LOTHROP ST<br>PITTSBURG, PA 15213<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | UNIV OF PITTSBURG<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/3/2000 | 100.00 |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| PASQUALE, LOUIS R<br>243 CHARLES ST<br>BOSTON, MA 02114<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| KOCH, DOUGLAS D<br>6501 FANNIN/NC 200<br>HOUSTON, TX 77030<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| LEIFER, ALDEN<br>210 EAST 32ND ST<br>PATERSON, NJ 07514<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| LEIDENIX, MONTE J<br>2520 SMOKEY LN<br>BISMARCK, ND 58504<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 180.00 | 10/3/00 | 180.00 |

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| **SUBTOTAL** of Receipts This Page (optional) | 830.00 |
| **TOTAL** This Period (last page this line number only) | |

FEC 3.0 7558 7344

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 21 OF 25

FOR LINE NUMBER 11(a)(ii)

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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 | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| SHAW, HAROLD E<br>20-A MEDICAL RIDGE DR<br>GREENVILLE, SC 29605<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| TRUCHELUT, TRACY A<br>1925 MIZELL AVE #302<br>WINTER PARK, FL 32792<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 50.00 | 10/3/00 | 50.00 |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| DOBBINS, KENDALL R<br>9002 N MERIDIAN ST #100<br>INDIANAPOLIS, IN 46260<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| LEHRER, RICHARD A<br>985 SOUTH SAWBURG AVE<br>ALLIANCE, OH 44601<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| KEYSER, ROBERT B.<br>3600 EAST ALAMEDA AVE<br>DENVER, CO 80209<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| LEVIN, HENRY S.<br>421 HUGUENOT ST<br>NEW ROCHELLE, NY 10801<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 150.00 | 10/3/00 | 150.00 |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| TRANTHAM, HENRY E<br>407 VARDRY ST<br>GREENVILLE, SC 29601<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |

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| **SUBTOTAL** of Receipts This Page (optional) | 700.00 |
| **TOTAL** This Period (last page this line number only) | |

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 3 OF 25

FOR LINE NUMBER 11(a)(ii)

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**NAME OF COMMITTEE (In Full)**
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

| Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. BURKE, GERALD J.<br>26771 W 12 MILE RD STE 105<br>SOUTHFIELD, MI 48034<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | NORTHWEST OPHTHALMOLOGY<br>Occupation: Ophthalmologist<br>Aggregate Year-to-Date -> 150.00 | 10/3/00 | 150.00 |
| B. KRACH, DANIEL E<br>2510 EAST DUPONT RD<br>FORT WAYNE, IN 46825<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Occupation: Ophthalmologist<br>Aggregate Year-to-Date -> 150.00 | 10/3/00 | 150.00 |
| C. CHAUDHRY, IFTIKHAR M.<br>4559 WHITE OAK LN<br>BENSALEM, PA 19020<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Occupation: Ophthalmologist<br>Aggregate Year-to-Date -> 50.00 | 10/3/00 | 50.00 |
| D. VASTINE, DAVID W<br>490 30th ST #101<br>OAKLAND, CA 94609<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Occupation: PHYSICIAN<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| E. FARQUHAR, HAL A.<br>185 ROUTE 312<br>BREWSTER, NY 10509<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Occupation: OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 25.00 | 10/3/00 | 25.00 |
| F. POTASH, SETH D.<br>170 MAPLE AVE.<br>WHITE PLAINS, NY 10601<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | LENOX HILL HOSPITAL<br>Occupation: OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 150.00 | 10/3/00 | 150.00 |
| G. TOLLINCHE, MARCEL P.<br>SUITE 208 MED OPHTH PLAZA, CARR 2<br>BAYAMON, PR 00959<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Occupation: OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 50.00 | 10/3/00 | 50.00 |

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| **SUBTOTAL** of Receipts This Page (optional) | 675.00 |
| **TOTAL** This Period (last page this line number only) | |

22.03.758.0342

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(ii)

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

| Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. COAR, GEORGE R.<br>9 W MAIN ST.<br>PLYMOUTH, PA 18651<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | EYE CLINIC KINGSTON PA<br>Ophthalmologist<br>Aggregate Year-to-Date -> | 10/3/00<br>50.00 | 50.00 |
| B. LIANG, JAMES C.<br>4429 W 95th ST<br>OAK LAWN, IL 60453<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> | 10/3/00<br>100.00 | 100.00 |
| C. QUAN, THANH-LAN T.<br>10362 BOLSA AVE #201<br>WESTMINSTER, CA 92683<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> | 10/3/00<br>50.00 | 50.00 |
| D. ROSENTHAL, J. ROBERT<br>249 EAST 48 ST STE 10D<br>NEW YORK, NY 10017<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> | 10/3/00<br>50.00 | 50.00 |
| E. SIMMONS, JOHN R.<br>4303 IVY HALL DR<br>COLUMBIA, SC 29206<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> | 10/3/00<br>25.00 | 25.00 |
| F. MOORE, STEPHEN A.<br>140 WEST AVE<br>GREAT BARRINGTON, MA 01230<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> | 10/3/00<br>100.00 | 100.00 |
| G. GHOSH, TANYA<br>697 WINDSOR TER<br>SUNNYVALE, CA 94087<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> | 10/3/00<br>100.00 | 100.00 |

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| **SUBTOTAL** of Receipts This Page (optional) | 475.00 |
| **TOTAL** This Period (last page this line number only) | |

22.03.758.0343

SCHEDULE A ITEMIZED RECEIPTS

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



FOR LINE NUMBER 11(a)(i)

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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 | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| SEHGAL, VISHWA N.<br>33-19 73rd ST<br>JACKSON HEIGHTS, NY 11372<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 150.00 | 10/3/00 | 150.00 |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| COLE, STUART H.<br>3325 PALO VERDE AVE, #103<br>LONG BEACH, CA 90808<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| KOORS, JOHN M<br>P.O. BOX 970<br>1029 CHRISTINE AVE<br>ANNISTON, AL 36202<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| LE, TRANG D.<br>7431 NATIVE OAK DR<br>IRVING, TX 75063<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 25.00 | 10/3/00 | 25.00 |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| HERLIHY, JOHN J.<br>P.O. BOX 6020<br>RAPID CITY, SD 57709<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| PARSONS, MATTHEW R.<br>650 N. 75 W<br>LINDON, UT 84042<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| McCOLE, CORNELIUS E.<br>2799 WEST GRAND BLVD<br>DETROIT, MI 48202<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 50.00 | 10/3/00 | 50.00 |

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|---|---|
| **SUBTOTAL** of Receipts This Page (optional) | 625.00 |
| **TOTAL** This Period (last page this line number only) | |

22-03-758-03444

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 6 OF 25

FOR LINE NUMBER 11(a) ~~11(b)~~ 11(i)

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<br>DOMERACKI, GARY F.<br>6609 RISING SUN AVE<br>PHILADELPHIA, PA 19111<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Name of Employer<br>SELF<br>Occupation<br>Ophthalmologist<br>Aggregate Year-to-Date -> 25.00 | Date (month, day, year)<br>10/3/00 | Amount of Each Receipt this Period<br>25.00 |
| B. Full Name, Mailing Address and Zip Code<br>BOLAND, THOMAS S.<br>11234 BAY HILL CT<br>BILOXI, MS 39532<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Name of Employer<br>SELF<br>Occupation<br>Ophthalmologist<br>Aggregate Year-to-Date -> 150.00 | Date (month, day, year)<br>10/3/00 | Amount of Each Receipt this Period<br>150.00 |
| C. Full Name, Mailing Address and Zip Code<br>PATCHETT, RICHARD B.<br>1000 NORTH OAK AVE<br>MARSHFIELD, WI 54449<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Name of Employer<br>UNIV OF LOUISVILLE<br>Occupation<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | Date (month, day, year)<br>10/3/00 | Amount of Each Receipt this Period<br>100.00 |
| D. Full Name, Mailing Address and Zip Code<br>JOHNSON, HOLLY P.<br>514 DANIELS ST #328<br>RALEIGH, NC 27605<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Name of Employer<br>SELF<br>Occupation<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 150.00 | Date (month, day, year)<br>10/3/00 | Amount of Each Receipt this Period<br>150.00 |
| E. Full Name, Mailing Address and Zip Code<br>EMIG, MARK D.<br>4353 DODGE ST<br>OMAHA, NE 68131<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Name of Employer<br>SELF<br>Occupation<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | Date (month, day, year)<br>10/3/00 | Amount of Each Receipt this Period<br>100.00 |
| F. Full Name, Mailing Address and Zip Code<br>WALATA, EDWARD F.<br>391 BROADWAY<br>EVERETT, MA 02149<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Name of Employer<br>SELF<br>Occupation<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | Date (month, day, year)<br>10/3/00 | Amount of Each Receipt this Period<br>100.00 |
| G. Full Name, Mailing Address and Zip Code<br>LEWIS, LAWSON W.<br>615 LAURENS ST, PO BOX 1379<br>CAMDEN, SC 29020<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Name of Employer<br>LAWSON W LEWIS JR<br>Occupation<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | Date (month, day, year)<br>10/3/00 | Amount of Each Receipt this Period<br>100.00 |

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| **SUBTOTAL** of Receipts This Page (optional) | 725.00 |
| **TOTAL** This Period (last page this line number only) | |

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**SCHEDULE A** **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a) ~~(i)~~ (ii)

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**NAME OF COMMITTEE (In Full)**
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

| Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. BARRI, ANTHONY R.<br>489 ROUTE 184 #100<br>GROTON, CT 06340<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | ANTHONY R BARRI MD<br>Occupation: Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| B. FARY, DANIEL R.<br>1337 ADRIAN BLVD<br>FORT ATKINSON, WI 53538<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Occupation: Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| C. LUCARELLI, MARK J<br>5839 TREE LINE DR<br>FITCHBURG, WI 53711<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | UNIV OF WISCONSIN<br>Occupation: Ophthalmologist<br>Aggregate Year-to-Date -> 50.00 | 10/3/00 | 50.00 |
| D. BROWN, REAY H<br>3845 CLUB DR<br>ATLANTA, GA 30319<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | EMORY UNIV/CLINIC<br>Occupation: OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| E. JUNGERS, JEFFREY A<br>422 POPLAR ST<br>TERRE HAUTE, IN 47807<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Occupation: OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| F. SUGAR, ALAN<br>1000 WALL ST<br>ANN ARBOR, MI 48105<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | UNIV OF MICHIGAN<br>Occupation: OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |
| G. DEPHOUSE, DON A.<br>111 WEST 24th ST<br>HOLLAND, MI 49423<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Occupation: OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/3/00 | 100.00 |

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| **SUBTOTAL** of Receipts This Page (optional) | 650.00 |
| **TOTAL** This Period (last page this line number only) | |

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SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 8 OF 25

FOR LINE NUMBER 11(a) 17(ii)

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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 | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| MUND, MICHAEL L.<br>1187 MAIN AVE #1-F<br>CLIFTON, NJ 07011 | SELF<br>Ophthalmologist | 10/3/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 100.00 | |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| SCHWARTZ, ARTHUR L.<br>5454 WISCONSIN AVE #950<br>CHEVY CHASE, MD 20815 | WASHINGTON E PHYSICIANS<br>Ophthalmologist | 10/3/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 100.00 | |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| FISH, LARRY A.<br>2330 E HIGH ST<br>SPRINGFIELD, OH 45505 | LA CTY/UNIV OF SO CA<br>Ophthalmologist | 10/3/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 100.00 | |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| BLUMENFELD, LOUIS C<br>115 W COLUMBIA ST STE A<br>ORLANDO, FL 32806 | SELF<br>OPHTHALMOLOGIST | 10/3/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 100.00 | |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| TILL, JONATHAN S<br>1802 BRAEBURN DR<br>SALEM, VA 24153 | SELF<br>OPHTHALMOLOGIST | 10/3/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 100.00 | |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| WACHTEL, JOEL G.<br>403 EASTMOOR BLVD<br>COLUMBUS, OH 43209 | SELF<br>OPHTHALMOLOGIST | 10/10/00 | 50.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 50.00 | |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| BOGORAD, DAVID D.<br>6098 PINECROFT, DR.<br>WEST BLOOMFIELD, MI 48322 | HENRY FORD HOSP<br>PHYSICIAN | 10/10/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 100.00 | |

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|---|---|
| SUBTOTAL of Receipts This Page (optional) | 650.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a) (21(ii)

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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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| LEE, RORY T.<br>1515 CHAIN BRIDGE RD<br>MCLEAN, VA 22101 | SELF<br>Occupation: Ophthalmologist | 10/10/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 100.00 | |

| B. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| CASTER, ANDREW I.<br>9100 WILSHIRE BLVD STE 265E<br>BEVERLY HILLS, CA 90212 | SELF<br>Occupation: Ophthalmologist | 10/10/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 100.00 | |

| C. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| HOSSAIN, TAWHID S.<br>301 HEALTH PARK BLVD #215<br>ST AUGUSTINE, FL 32086 | SELF<br>Occupation: Ophthalmologist | 10/10/00 | 25.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 25.00 | |

| D. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| FIVIAN, GERALD J.<br>2821 NORTH BALLAS RD #240<br>ST LOUIS, MO 63131 | SELF<br>Occupation: OPHTHALMOLOGIST | 10/10/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 100.00 | |

| E. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| HINDERSMAN, JOHN C.<br>2750 LAUREL ST #102<br>COLUMBIA, SC 29204 | SELF<br>Occupation: OPHTHALMOLOGIST | 10/10/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 100.00 | |

| F. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| LOU, PETER L.<br>75 BLOSSOM CT<br>BOSTON, MA 02114 | SELF<br>Occupation: OPHTHALMOLOGIST | 10/10/00 | 150.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 150.00 | |

| G. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| HISS, PAUL W.<br>2285 GREEN VISTA DR.<br>SPARKS, NV 89431 | FLORIDA EYE CARE<br>Occupation: OPHTHALMOLOGIST | 10/10/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 100.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 675.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A ITEMIZED RECEIPTS

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



FOR LINE NUMBER 11(a) let (ii)

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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 | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| PAVELOFF, MICHAEL J.<br>610 ROLLING BROOK LN<br>SANTA BARBARA, CA 93110<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 150.00 | 10/10/00 | 150.00 |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| BURNS, FRANK R.<br>5135 DIXIE HWY STE 15<br>LOUISEVILLE, KY 40216<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 150.00 | 10/10/00 | 150.00 |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| KAUFMANN, JAMES G.<br>400 MOCKSVILLE AVE<br>SALISBURY, NC 28144<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 75.00 | 10/10/00 | 75.00 |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| CARTER, KRISTIN<br>2994 E PLACITA SANTA LUCIA<br>TUCSON, AZ 85716<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/10/00 | 100.00 |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| MODI, RAJENDRA K.<br>5514 METROPOLITAN AVE<br>RIDGEWOOD, NY 11385<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/10/00 | 100.00 |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| DEL NEGRO, RALPH G.<br>2100 CORLIES AVE #7<br>NEPTUNE CITY, NJ 07753<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/10/00 | 100.00 |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| CORNELIUS, CURTIS R.<br>26 CALLE DEL SOL<br>PLACITAS, NM 87043<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | US PHS<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 50.00 | 10/10/00 | 50.00 |

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| **SUBTOTAL** of Receipts This Page (optional) | 725.00 |
| **TOTAL** This Period (last page this line number only) | |

SCHEDULE A ITEMIZED RECEIPTS

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FOR LINE NUMBER 11(a) 17(i)

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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<br>SCHWARTZ, BARBARA A.<br>408 MAIN ST<br>CHESTER, NJ 07930<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Name of Employer<br>WEST JERSEY EYE ASSOCIATES<br>Occupation<br>Ophthalmologist<br>Aggregate Year-to-Date -> 25.00 | Date (month, day, year)<br>10/10/00 | Amount of Each Receipt this Period<br>25.00 |
| B. Full Name, Mailing Address and Zip Code<br>LATINA, MARK A.<br>20 POND MEADOW DR. #204<br>READING, MA 01867<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Name of Employer<br>SELF<br>Occupation<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | Date (month, day, year)<br>10/10/00 | Amount of Each Receipt this Period<br>100.00 |
| C. Full Name, Mailing Address and Zip Code<br>BRASCH, PETER C.<br>1532 SMITH ST<br>NORTH PROVIDENCE, RI 02911<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Name of Employer<br>SELF<br>Occupation<br>Ophthalmologist<br>Aggregate Year-to-Date -> 25.00 | Date (month, day, year)<br>10/10/00 | Amount of Each Receipt this Period<br>25.00 |
| D. Full Name, Mailing Address and Zip Code<br>STEIN, ROBERT M.<br>9700 N KENTON STE K204<br>SKOKIE, IL 60076<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Name of Employer<br>SELF<br>Occupation<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 50.00 | Date (month, day, year)<br>10/10/00 | Amount of Each Receipt this Period<br>50.00 |
| E. Full Name, Mailing Address and Zip Code<br>LOCASTRO, ANTHONY J.<br>55 ARCH ST #2G<br>AKRON, OH 44304<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Name of Employer<br>SELF<br>Occupation<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | Date (month, day, year)<br>10/10/00 | Amount of Each Receipt this Period<br>100.00 |
| F. Full Name, Mailing Address and Zip Code<br>McGROARTY, JOHN J.<br>10614 RIVERSIDE DR.<br>NORTH HOLLYWOOD, CA 91602<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Name of Employer<br>SELF<br>Occupation<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 25.00 | Date (month, day, year)<br>10/10/00 | Amount of Each Receipt this Period<br>25.00 |
| G. Full Name, Mailing Address and Zip Code<br>HORNBLASS, ALBERT<br>130 EAST 67th ST #1C<br>NEW YORK, NY 10021<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Name of Employer<br>SELF<br>Occupation<br>PHYSICIAN<br>Aggregate Year-to-Date -> 100.00 | Date (month, day, year)<br>10/10/00 | Amount of Each Receipt this Period<br>100.00 |

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| **SUBTOTAL** of Receipts This Page (optional) | 425.00 |
| **TOTAL** This Period (last page this line number only) | |

SCHEDULE A ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a) 12(ii)

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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 | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| LEERING, PHILIPPE<br>2851 LITCHFIELD RD<br>SHAKER HEIGHTS, OH 44120<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | REGENCY PARK EYE<br>Ophthalmologist<br>Aggregate Year-to-Date -> 50.00 | 10/10/00 | 50.00 |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| LASONDE, RICHARD J.<br>130 COTTAGE ST.<br>SANFORD, ME 04073<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/10/00 | 100.00 |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| DE BLASIO, PETER F.<br>1532 SMITH ST<br>NORTH PROVIDENCE, RI 02911<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 50.00 | 10/10/00 | 50.00 |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| LUTHRA, JUGINDER K.<br>260 SOUTH CIRCLE DR<br>WEIRTON, WV 26062<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/10/00 | 100.00 |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| DUBOFF, STEWART M.<br>322 DEWEY ST.<br>BENNINGTON, VT 05201<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | ADVANCED EYE CARE<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 150.00 | 10/10/00 | 150.00 |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| GREEN, STUART N.<br>125 PATTERSON ST 9th FL<br>NEW BRUNSWICK, NJ 08901<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | RETINA-VITREOUS CTR<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/10/00 | 100.00 |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| OBER, RICHARD R.<br>1801 NORTH CAMPBELL AVE<br>TUCSON, AZ 85719<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | UNIV SO CALIF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 25.00 | 10/10/00 | 25.00 |

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| SUBTOTAL of Receipts This Page (optional) | 575.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a) 17(A)

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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 | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| EHRLICH, DION R.<br>7500 CENTRAL AVE #103<br>PHILADELPHIA, PA 19111<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/10/00 | 100.00 |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| GOLDBERG, MARC J.<br>4900 WEST OAKLAND PARK BLVD #205<br>LAUDERDALE LAKES, FL 33313<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 50.00 | 10/10/00 | 50.00 |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| GREEN, W RICHARD<br>600 NORTH WOLFE ST<br>BALTIMORE, MD 21205<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | JOHN HOPKINS UNIV<br>Ophthalmologist<br>Aggregate Year-to-Date -> 25.00 | 10/10/00 | 25.00 |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| BUERGER, GEORGE F.<br>3471 FIFTH AVE #1115<br>PITTSBURG, PA 15213<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 50.00 | 10/10/00 | 50.00 |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| TABAS, JANINE G.<br>130 SOUTH NINTH ST #1540<br>PHILADELPHIA, PA 19107<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/10/00 | 100.00 |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| RECASENS, MARTA A.<br>436 S. MARENGO AVE #206<br>PASADENA, CA 91101<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/10/00 | 100.00 |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| SCHINDLER, REID F.<br>6561 EAST CARONDELET DR<br>TUCSON, AZ 85710<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 125.00 | 10/10/00 | 125.00 |

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| **SUBTOTAL** of Receipts This Page (optional) | 550.00 |
| **TOTAL** This Period (last page this line number only) | |

SCHEDULE A ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a) 11(b)

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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 | Name of Employer / Occupation / Aggregate Year-to-Date | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| SKIDMORE, ERNEST<br>160 BOSTON AVE<br>ALTAMONTE SPRINGS, FL 32701<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/10/00 | 100.00 |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation / Aggregate Year-to-Date | Date (month, day, year) | Amount of Each Receipt this Period |
| GOSHORN, ERIN B.<br>2015 RANDOLPH RD<br>CHARLOTTE, NC 28207<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | ST FRANCIS MD CTR<br>Ophthalmologist<br>Aggregate Year-to-Date -> 25.00 | 10/10/00 | 25.00 |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation / Aggregate Year-to-Date | Date (month, day, year) | Amount of Each Receipt this Period |
| HATTENHAUER, MATTHEW G.<br>614 N 1ST ST PO BOX 689<br>WAUSAU, WI 54402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | EYE CTR OF WISCONSIN<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation / Aggregate Year-to-Date | Date (month, day, year) | Amount of Each Receipt this Period |
| WITTEMAN, GEORGE J.<br>P.O. BOX 689<br>WAUSAU, WI 54402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | EYE CTR OF WISCONSIN<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> | 10/12/00 | 100.00 |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation / Aggregate Year-to-Date | Date (month, day, year) | Amount of Each Receipt this Period |
| GARNISH, JOHN A.<br>900 WESTFALL RD<br>ROCHESTER, NY 14618<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | JAGMDPC<br>PHYSICIAN<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation / Aggregate Year-to-Date | Date (month, day, year) | Amount of Each Receipt this Period |
| MOCK, WILLIAM E.<br>121 NORTH 20th ST<br>OPELIKA, AL 36801<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 150.00 |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation / Aggregate Year-to-Date | Date (month, day, year) | Amount of Each Receipt this Period |
| DAY, ROBERT<br>1133 20th ST NW #B-150<br>WASHINGTON, DC 20036<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | DAY PATTERSON & WHIT<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 25.00 | 10/12/00 | 25.00 |

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| SUBTOTAL of Receipts This Page (optional) | 550.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A ITEMIZED RECEIPTS

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



FOR LINE NUMBER 11(a) 11(b)

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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 | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| BOYER, SHANNON L.<br>410 NORTH DALLARD ST<br>WINTER GARDEN, FL 34787<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF / Ophthalmologist<br>Aggregate Year-to-Date -> 150.00 | 10/12/00 | 150.00 |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| TUMAN, DAVID C.<br>611 WATERLOO DR.<br>CLARKSVILLE, TN 37043<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF / Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| KROLICKI, THADDEUS J.<br>916 GRANT ST<br>WAUSAU, WI 54403<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF / Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| SPRIK, CALVIN D.<br>614 FIRST ST<br>WAUSAU, WI 54403<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | EYE CLINIC OF WISCONSIN / OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| GLEATON, MARDULLA S.<br>227 EASTERN AVE<br>AUGUSTA, ME 04330<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | W E ATLEE MD / OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 50.00 | 10/12/00 | 25.00 |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| GRIFFITHS, JACQUELINE D.<br>12110 SUNSET HILLS RD #C-50<br>RESTON, VA 20190<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF / OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| NAUGLE, THOMAS C.<br>2633 NAPOLEON AVE #B14<br>NEW ORLEANS, LA 70115<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF / OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 25.00 | 10/12/00 | 25.00 |

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| SUBTOTAL of Receipts This Page (optional) | 600.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a) 17(i)

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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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| RIOS, RODOLFO J.<br>RR 5 BOX 810<br>SEAFORD, DE 19973 | SELF<br>Occupation: Ophthalmologist | 10/12/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 100.00 | |

| B. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| TRESLEY, DAVID J.<br>3982 NORTH MILWAUKEE AVE<br>CHICAGO, IL 60641 | SELF<br>Occupation: Ophthalmologist | 10/12/00 | 150.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 150.00 | |

| C. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| HOLEKAMP, TIMOTHY<br>500 KEENE ST<br>COLUMBIA, MO 65201 | COLUMBIA RET CLINIC<br>Occupation: Ophthalmologist | 10/12/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 100.00 | |

| D. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| HENDERSON, ROBERT R.<br>624 HARDING RD.<br>NASHVILLE, TN 37205 | SELF<br>Occupation: OPHTHALMOLOGIST | 10/12/00 | 50.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 50.00 | |

| E. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| WILLIE, CARL R.<br>92 WHITEFACE INN RD #19<br>LAKE PLACID, NY 12946 | SELF<br>Occupation: OPHTHALMOLOGIST | 10/12/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 100.00 | |

| F. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| STOECKEL, JAMES A.<br>3640 CATALINA CT<br>PORT ARTHUR, TX 77642 | SELF<br>Occupation: OPHTHALMOLOGIST | 10/12/00 | 150.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 150.00 | |

| G. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| ALT, MICHAEL M.<br>4089 TAMIAMI TRAIL N # A103, PARK SQ<br>NAPLES, FL 33940 | SELF<br>Occupation: OPHTHALMOLOGIST | 10/12/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> | 100.00 | |

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| SUBTOTAL of Receipts This Page (optional) | 750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A ITEMIZED RECEIPTS

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



FOR LINE NUMBER 11(a) (i)(ii)

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

| Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. ANDREWS, MARY E.<br>804 MEDICAL CIRCLE DR #1<br>LONGVIEW, TX 75605<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF / Ophthalmologist<br>Aggregate Year-to-Date -> 50.00 | 10/12/00 | 50.00 |
| B. MONTGOMERY, DAN G.<br>830 MEDICAL COURT EAST<br>INVERNESS, FL 32652<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF / Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| C. FLAHERTY, KEVIN T.<br>PO BOX 689, 614 FIRST ST<br>WAUSAU, WI 54402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | EYE CTR OF WISCONSIN / Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| D. HO, CHARLES C.<br>3425 N 11th ST<br>WAUSAU, WI 54403<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | EYE CTR OF WISCONSIN / OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| E. KATTENHAVER, JOHN M.<br>614 FIRST ST PO BOX 689<br>WAUSAU, WI 54402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF / OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| F. HERMAN, STEPHEN J.<br>PO. BOX 689<br>WAUSAU, WI 54402<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | EYE CLINIC WAUSAU / OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| G. POLACK, FRANK M.<br>2521 NW 41st ST<br>GAINESVILLE, FL 32606<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF / PHYSICIAN<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |

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| **SUBTOTAL** of Receipts This Page (optional) | 650.00 |
| **TOTAL** This Period (last page this line number only) | |

SCHEDULE A — ITEMIZED RECEIPTS

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



FOR LINE NUMBER 11(a) (i)

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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 | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| JOONDEPH, HOWARD C.<br>22201 MORDSS RD STE 250 PROF BLDG 2<br>DETROIT, MI 48236<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| CRENSHAW, JOANNE<br>47568 ANCHORAGE CIRCLE<br>STERLING, VA 20165<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| ANSELMI, KENNETH E.<br>ROUTE 460 PO. BOX 236<br>DORAN, VA 24612<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date -> 50.00 | 10/12/00 | 50.00 |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| PRIDDY, JAMES T.<br>935 BOX ELDER CREEK RD<br>BILLINGS, MT 59101<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| SFORZA, PAUL D.<br>339 HICKS ST<br>BROOKLYN, NY 11201<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | LONG ISLAND COL HOSP OPHTH<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 50.00 | 10/12/00 | 50.00 |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| AURAN, JAMES D.<br>635 WEST 165th ST. RM 201a BOX 11<br>NEW YORK, NY 10032<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | MANHATTAN EYE EAR<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 150.00 | 10/12/00 | 150.00 |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| SAFRAN, STEVEN G.<br>416 BELLEVUE AVE #403<br>TRENTON, NJ 08618<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |

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|---|---|
| **SUBTOTAL** of Receipts This Page (optional) | 650.00 |
| **TOTAL** This Period (last page this line number only) | |

**SCHEDULE A** ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a) (17)

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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 | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| LEONARD, ELISE R.<br>1776 NORTH PINE ISLAND RD #214<br>PLANTATION, FL 33322<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF / Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| ROSEN, SEYMOUR R.<br>3009 4th ST<br>MARIANNA, FL 32446<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF / Ophthalmologist<br>Aggregate Year-to-Date -> 50.00 | 10/12/00 | 50.00 |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| EISENBERG, DAVID E.<br>111 EVERETT AVE<br>CHELSEA, MA 02150<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF / Ophthalmologist<br>Aggregate Year-to-Date -> 50.00 | 10/12/00 | 50.00 |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| PLOTKIN, JACOB S.<br>947 RIDGEWOOD<br>BROWNSVILLE, TX 78520<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF / OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 50.00 | 10/12/00 | 50.00 |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| STOCK, AMY E.<br>500 LAKE MARINA DR #492<br>NEW ORLEANS, LA 70124<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF / OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 50.00 | 10/12/00 | 50.00 |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| MORTON, RONALD L.<br>1001 TOWER WAY STE 150<br>BAKERSFIELD, CA 93309<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | GOLDEN STATE EYE / OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| LEWIS, RICHARD A.<br>3939 J ST #102<br>SACRAMENTO, CA 95819<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF / OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/12/00 | 100.00 |

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| **SUBTOTAL** of Receipts This Page (optional) | 500.00 |
| **TOTAL** This Period (last page this line number only) | |

**SCHEDULE A** ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a) 17(11)

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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 | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| COOPER, WILLIAM C.<br>520 E 70 ST<br>NEW YORK, NY 10021<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 50.00 | 10/12/00 | 50.00 |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| JAFFEE, ALAN H.<br>352 BROADWAY<br>MONTICELLO, NY 12701<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 50.00 | 10/13/00 | 50.00 |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| STURM, RODNEY J.<br>1025 REGENT ST<br>MADISON, WI 53715<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/13/00 | 100.00 |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| WOLNER, DANIEL M.<br>1020 LAKESHORE DR.<br>RICE LAKE, WI 54868<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | UNIV OF MICH<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/13/00 | 100.00 |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| LEE, DONNA J.<br>1300 CRANE ST<br>MENLO PARK, CA 94025<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | MENLO MEDICAL CLINIC<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/13/00 | 100.00 |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| LEVINE, ALAN M.<br>2025 KINGS HIGHWAY<br>BROOKLYN, NY 11229<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/17/00 | 100.00 |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| HEOSTROM, PETER S.<br>15 LOWELL ST<br>PORTLAND, ME 04102<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | MAINE EYE CENTER<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 75.00 | 10/17/00 | 75.00 |

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| **SUBTOTAL** of Receipts This Page (optional) | 575.00 |
| **TOTAL** This Period (last page this line number only) | |

SCHEDULE A ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a) (17)

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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 | Name of Employer / Occupation / Aggregate Year-to-Date | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| LIEBERGALL, GORDON S.<br>222 ROUTE 59<br>SUFFERN, NY 10901<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/17/00 | 100.00 |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation / Aggregate Year-to-Date | Date (month, day, year) | Amount of Each Receipt this Period |
| LITCH, MELVIN<br>5050 POPLAR AVE<br>MEMPHIS, TN 38157<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/17/00 | 50.00 |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation / Aggregate Year-to-Date | Date (month, day, year) | Amount of Each Receipt this Period |
| BERKOWITZ, JEROME S.<br>100 ROUTE 70<br>LAKEWOOD, NJ 08701<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | THE EYE GROUP<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/17/00 | 100.00 |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation / Aggregate Year-to-Date | Date (month, day, year) | Amount of Each Receipt this Period |
| KUZMA, PAUL M.<br>628 MARKET ST<br>BEAVER, PA 15009<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/17/00 | 100.00 |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation / Aggregate Year-to-Date | Date (month, day, year) | Amount of Each Receipt this Period |
| BAUSCH, ANDREW N.<br>400 NORTH 17TH ST #200<br>ALLENTOWN, PA 18102<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 150.00 | 10/17/00 | 150.00 |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation / Aggregate Year-to-Date | Date (month, day, year) | Amount of Each Receipt this Period |
| LUCAS, WILLIAM<br>4160 JOHN R ST #824<br>DETROIT, MI 48201<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 50.00 | 10/17/00 | 50.00 |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation / Aggregate Year-to-Date | Date (month, day, year) | Amount of Each Receipt this Period |
| VAN METER, WOODFORD S.<br>1760 NICHOLASVILLE RD #203<br>LEXINGTON, KY 40503<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 00.00 | 10/17/00 | 100.00 |

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| **SUBTOTAL** of Receipts This Page (optional) | 650.00 |
| **TOTAL** This Period (last page this line number only) | |

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 22 OF 25

FOR LINE NUMBER 11(a)(ii)

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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 | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| BUXTON, DOUGLAS F.<br>310 EAST 14th ST 4th FL SOUTH BLDG<br>NEW YORK, NY 10003<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 150.00 | 10/17/00 | 150.00 |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| MESSINA, DEBRA A.<br>10 MARIONS LN<br>NORTHPORT, NY 11768<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/17/00 | 100.00 |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| PRYWES, ARNOLD S.<br>4212 HEMPSTEAD TURNPIKE<br>BETHPAGE, NY 11714<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 50.00 | 10/17/00 | 50.00 |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| CHOPIN, RICHARD N.<br>28 SPEIR DR<br>SOUTH ORANGE, NJ 07079<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 50.00 | 10/17/00 | 50.00 |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| MANSUETO, LISA A.<br>3236 EAST CHANDLER BLVD #2034<br>PHOENIX, AZ 85044<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 50.00 | 10/17/00 | 50.00 |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| TAL, RICHARD L.<br>319 SECOND STREET PIKE<br>SOUTHAMPTON, PA 18966<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/17/00 | 100.00 |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| TAN, BEN G.<br>20924 KELLY RD<br>EASTPOINTE, MI 48021<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 50.00 | 10/17/00 | 50.00 |

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| **SUBTOTAL** of Receipts This Page (optional) | 550.00 |
| **TOTAL** This Period (last page this line number only) | |

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 23 OF 25

FOR LINE NUMBER 11(a) 17(ii)

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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 | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| KRISHNAN, RAVINDERAN<br>5430 SARATOGA BLVD #15<br>CORPUS CHRISTI, TX 78413 | SELF<br>Occupation: Ophthalmologist | 10/17/00 | 50.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> 50.00 | | |

| B. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| MOORE, DOROTHY M.<br>2055 LIMESTONE RD #102<br>WILMINGTON, DE 19808 | SELF<br>Occupation: Ophthalmologist | 10/17/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> 100.00 | | |

| C. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| MUENK, DONALD B.<br>29153 HOOVER RD #A<br>WARREN, MI 48093 | SELF<br>Occupation: Ophthalmologist | 10/17/00 | 50.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> 100.00 | | |

| D. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| KOLENI, BEHROOZ<br>720 HARRISON AVE DOB 10<br>BOSTON, MA 02118 | BOSTON UNIV<br>Occupation: OPHTHALMOLOGIST | 10/17/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> 100.00 | | |

| E. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| TERMAN, STUART M<br>32901 STATION ST RM 103<br>SOLON, OH 44139 | SELF<br>Occupation: OPHTHALMOLOGIST | 10/17/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> 100.00 | | |

| F. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| LESCHER, MARY A.<br>1046 CHICAGO AVE<br>OAK PARK, IL 60302 | SELF<br>Occupation: OPHTHALMOLOGIST | 10/17/00 | 50.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> 50.00 | | |

| G. Full Name, Mailing Address and Zip Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| PEARLSTEIN, CARYN F.<br>8721 4TH AVE<br>BROOKLYN, NY 11209 | SELF<br>Occupation: OPHTHALMOLOGIST | 10/17/00 | 100.00 |
| Receipt For: ☐ Primary ☐ General ☐ Other (specify) | Aggregate Year-to-Date -> 100.00 | | |

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| **SUBTOTAL** of Receipts This Page (optional) | 550.00 |
| **TOTAL** This Period (last page this line number only) | |

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 24 OF 25

FOR LINE NUMBER 11(a)(ii)

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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 | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| CORDERO, ROBERT<br>905 E NEW YORK AVE<br>DELAND, FL 32724<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/17/00 | 100.00 |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| KATZ, ADAM N.<br>26 OLD QUAKER HILL RD<br>MONROE, NY 10950<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/17/00 | 100.00 |
| C. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| TALEGAONKAR, SHANTARAM<br>304 WEST BROADWAY<br>HOPEWELL, VA 23860<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 50.00 | 10/17/00 | 50.00 |
| D. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| SHEPHERD, DAVID M.<br>41935 WEST 12 MILE RD<br>NOVI, MI 48377<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/17/00 | 100.00 |
| E. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| MAUS, MARLON<br>900 WALNUT ST<br>PHILADELPHIA, PA 19107<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 50.00 | 10/17/00 | 50.00 |
| F. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| KOPIETZ, LESLIE A.<br>640 JACKSON ST<br>ST PAUL, MN 55101<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | RAMSEY CLINIC<br>OPHTHALMOLOGIST<br>Aggregate Year-to-Date -> 100.00 | 10/17/00 | 100.00 |
| G. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| GOETZINGER, ROBERT T.<br>151 SW UPPER RIVERDALE RD<br>RIVERDALE, GA 30274<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>PHYSICIAN<br>Aggregate Year-to-Date -> 100.00 | 10/17/00 | 100.00 |

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| **SUBTOTAL** of Receipts This Page (optional) | 600.00 |
| **TOTAL** This Period (last page this line number only) | 15,105.00 |

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 25 OF 25

FOR LINE NUMBER 11(a) IV(i)

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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 | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| PRATT, MARY V.<br>VETERANS MED CTR - OPHTHALMOLOGY<br>SALEM, VA 24153<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | SELF<br>Ophthalmologist<br>Aggregate Year-to-Date -> 100.00 | 10/17/00 | 100.00 |
| B. Full Name, Mailing Address and Zip Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
| JOOS, KAREN N<br>1215 21ST AVE S/8017 MCE<br>NASHVILLE, TN 37232<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify) | UNIV OF IOWA<br>PHYSICIAN<br>Aggregate Year-to-Date -> 100.00 | 10/17/00 | 100.00 |
| 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 -> | | |

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|---|---|
| SUBTOTAL of Receipts This Page (optional) | 200.00 |
| TOTAL This Period (last page this line number only) | |

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 5-13-02 |
| ☐ | First Class Mail | POSTMARKED |
| ☐ | Registered/Certified Mail | POSTMARKED (R/C) |
| ☐ | 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 | |

JMP — PREPARER

5-13-02 — DATE PREPARED

(6/2000)