REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED FEDERAL ELECTION COMMISSION

FEB 23 12 31 PM '93

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

ADDRESS (number and street) ☐ Check if address has previously reported

655 Beach Street

CITY, STATE and ZIP CODE

San Francisco, CA 94109

2. FEC IDENTIFICATION NUMBER

C00196146

3. ☐ This committee qualified as a multicandidate committee (fulfilled 3-month Reporting Requirement period).

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report

[ ] July 15 Quarterly Report

[ ] October 15 Quarterly Report

[ ] January 31 Year End Report

[ ] July 31 Mid Year Report (Non-election Year Only)

[ ] Termination Report

Monthly Report Due On:

[X] February 20	[ ] June 20	[ ] October 20
[ ] March 20	[ ] July 20	[ ] November 20
[ ] April 20	[ ] August 20	[ ] December 20
[ ] May 20	[ ] September 20	[ ] January 31

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

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

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

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5	Covering Period 1/01/93 through 1/31/93		
6	(a) Cash on Hand January 1, 19 93		$ 173,447.71
	(b) Cash on Hand at Beginning of Reporting Period	$ 173,447.71	
	(c) Total Receipts (from Line 18)	$ 48,552.62	$ 48,552.62
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 222,000.33	$ 222,000.33
7.	Total Disbursements (from Line 30)	$ 531.81	$ 531.81
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 221,468.52	$ 221,468.52
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Paula E. Lent

Signature of Treasurer
Paula E. Lent

Date 2/18/93

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

FEC FORM 3X
(rev. 10/92) 1/3/93

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD FROM 1/01/93 TO 1/31/93	
American Academy of Ophthalmology, Inc. Political Committee (OPHTHPAC)	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (see Schedule A)	39,900.00	39,900.00
ii. Unitemized	8,571.00	8,571.00
iii. Total (add i and ii) ▶	48,471.00	48,471.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ▶	48,471.00	48,471.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	21.40	21.40
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	60.22	60.22
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	48,552.62	48,552.62
20. Total Federal Receipts (subtract line 18 from line 19) ▶	48,552.62	48,552.62
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	531.81	531.81
c. Total Operating Expenditures (Add a i, a ii, and b) ▶	531.81	531.81
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (see Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ▶	0	0
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	531.81	531.81
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ▶	531.81	531.81
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	48,471.00	48,471.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	48,471.00	48,471.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ▶	531.81	531.81
36. Offsets to Operating Expenditures (from line 15)	21.40	21.40

9 1 0 3 8 2 9 5 2 6 5

SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER(S): 15

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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. DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE FRESNO CA 93888 Receipt For: [ ] Primary [ ] General [X] Other (specify) TAX REFUND	Name of Employer: N/A Occupation: N/A Aggregate Year-to-Date > $ 21.40	1/10/93	21.40
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	21.40
TOTAL This Period (last page this line number only)	21.40

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 17

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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. Union Bank 30 California Street San Francisco, CA 94109 Receipt For: ☐ Primary ☐ General ☒ Other (specify): Income Interest	N/A Occupation N/A Aggregate Year-to-Date > $ 9.67	1/31/93	9.67
B. Dean Witter Reynolds, Inc. 167 East Second Avenue San Mateo, CA 94401 Receipt For: ☐ Primary ☐ General ☒ Other (specify): Income Interest	N/A Occupation N/A Aggregate Year-to-Date > $ 50.55	1/31/93	50.55
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	60.22
TOTAL This Period (last page this line number only)	60.22

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	Page 1 of 1
	For Line Number 21 a1

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Union Bank 50 California Street San Francisco, CA 94111	Merchant Fees/Visa/Discover Disbursement for: ☐ Primary ☐ General ☒ Other (specify) YTD 431.81	1/04/93 1/16/93	387.51 42.54
B. Full Name, Mailing Address and ZIP Code DEAN WITTER REYNOLDS INC 167 EAST SECOND AVE SAN MATEO CA 94401	Service Fee Disbursement for: ☐ Primary ☐ General ☒ Other (specify) YTD 100	1/05/93	100.00
C. Full Name, Mailing Address and ZIP Code Union Bank 50 California Street San Francisco, CA 94111	Banking Fee-Analysis Disbursement for: ☐ Primary ☐ General ☒ Other (specify) YTD 431.81	1/20/93	1.76
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	531.81
TOTAL This Period (last page this line number only)	531.81

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PROGRAM DRL AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC) PAGE 1
DATE 021793 ITEMIZED RECEIPTS LINE NUMBER 11a 1

CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 01/01/93 TO 01/31/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Kesden MD*Sherry X Box 1540 Bassapegua NY 11758-2313	Self-Employed OPHTHALMOLOGIST	01/10/93	300.00	300.00
Nedaya MD*Edward L Number 1 Route 70 Lakewood NJ 08701	NYU/Bellevue Hosp OPHTHALMOLOGIST	01/25/93	300.00	300.00
Rubin MD*Gary W 7001 West Archer Avenue Chicago IL 60638-2201	Self Employed PHYSICIAN	01/14/93	300.00	300.00
Lau MD*Kenneth C Suite 3 38707 Stivers Street Fremont CA 94536	SELF-EMPLOYED PHYSICIAN	01/08/93	300.00	300.00
Kasen MD*Gary I Suite 934 7777 Southwest Freeway Houston TX 77074	Self-Employed PHYSICIAN	01/26/93	300.00	300.00
Chappell Jr MD*Joseph J 610 Bronson Drive Tupelo MS 38801	Self-Employed PHYSICIAN	01/15/93	300.00	300.00
Kowley MD*Richard S 720 South Main Street Phoenixville PA 19460	Self-Employed OPHTHALMOLOGIST	01/08/93	250.00	250.00
Lichtenstein MD*Stephen B 150 Lankenau Medical Bldg East Wynnewood PA 19096	SELF EMPLOYED PHYSICIAN	01/08/93	300.00	300.00
	SUBTOTAL		2350.00	

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES

SCHEDULE A

FROM 01/01/93 TO 01/31/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Cowan Jr MD=Claude L 1601 Van Buren Street NW Washington DC 20012	Howard U Hosp OPHTHALMOLOGIST	01/05/93	300.00	300.00
Dingle MD=Jack Suite 350 303 East Town Street Columbus OH 43215	SELF PHYSICIAN	01/13/93	300.00	300.00
Dolf MD=Melvyn A Suite 201 909 Sunneytown Pike Spring House PA 19477	Scrafford MD=Donald OPHTHALMOLOGIST	01/08/93	300.00	300.00
Schwartzfarb MD=David L 5162 Linton Blvd Suite 203 Delray Beach FL 33484	SELF EMPLOYED PHYSICIAN	01/19/93	300.00	300.00
Wright Jr MD=James R 38 Oakes Avenue Southbridge MA 01550	Self-Employed PHYSICIAN	01/13/93	300.00	300.00
Pryues MD=Arnold S 4212 Hempstead Turnpike Bethpage NY 11714	Self OPHTHALMOLOGIST	01/12/93	300.00	300.00
Blair MD=Norman P Room L-135 1905 West Taylor Street Chicago IL 60612	Univ IL at Chicago OPHTHALMOLOGIST	01/04/93	300.00	300.00
Ewert Jr MD=Frank L 2119 Wheeler Road Vincennes IN 47591	Self-Employed OPHTHALMOLOGIST	01/19/93	300.00	300.00
	SUBTOTAL		2400.00	

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Hauser MD*Robert E 1100 Trancas Street PO Box 2099 Napa CA 94550	Self-Employed PHYSICIAN	01/25/93	300.00	300.00
Paul MD*T Otis California Pacific MC/Ophth 2340 Clay Street San Francisco CA 94115	PAC PRESR MED CTR OPHTHALMOLOGIST	01/15/93	300.00	300.00
Milkie MD*C Fredrick 3510 Martin Luther King Blvd Lynwood CA 90262	SELF-EMPLOYED OPHTHALMOLOGIST	01/15/93	300.00	300.00
Leavitt MD*Russell J 1226 NE Seventh Street Grants Pass OR 97526	SELF-EMPLOYED OPHTHALMOLOGIST	01/07/93	250.00	250.00
Mills MD*Richard P Dept of Ophthalmology/RJ-10 University of Washington Seattle WA 98195	Univ of Washington PHYSICIAN	01/04/93	300.00	300.00
Fernandez MD*Jose L Best Prof Suite 41 West 96th Street New York NY 10025-6519	Self-Employed OPHTHALMOLOGIST	01/04/93	300.00	300.00
Finder MD*Anthony G 111 North Wabash Avenue Chicago IL 60602	Self-Employed PHYSICIAN	01/22/93	300.00	300.00
Rattenhauer MD*John H PO Box 689 Hanson OR 54401	Self-Employed OPHTHALMOLOGIST	01/13/93	300.00	300.00
		SUBTOTAL	2350.00	

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 01/01/93 TO 01/31/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Herman MD*Stephen J PO Box 609 Hansen NE 54401	Eye Clinic Hansen OPHTHALMOLOGIST	01/13/93	300.00	300.00
Bloome MD*Michael A 2855 Gramercy Houston TX 77025	Self-Employed OPHTHALMOLOGIST	01/11/93	300.00	300.00
Terry MD*Stuart A Suite 200 215 East Quincy San Antonio TX 78215-2830	Self-Employed OPHTHALMOLOGIST	01/14/93	300.00	300.00
Bloomker MD*E Fredrick 222 West Thomas Road Phoenix AZ 85013	Self-Employed OPHTHALMOLOGIST	01/11/93	300.00	300.00
Clark MD*Gerald Trover Clinic Madisonville KY 42431	Trover Clinic OPHTHALMOLOGIST	01/07/93	300.00	300.00
Stewart MD*Ralph H 501 South Sixth Street Vincennes IN 47591	Self-Employed PHYSICIAN	01/10/93	300.00	300.00
Randall MD*John T Suite 247 4242 Farnam Street Omaha NE 68131	Self employed OPHTHALMOLOGIST	01/04/93	300.00	300.00
Depenbusch MD*Francis L 1700 East 23rd Street Hutchinson KS 67502	HUTCHINSON EYE PHYSI OPHTHALMOLOGIST	01/19/93	300.00	300.00
	SUBTOTAL		2400.00	

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PROGRAM: RRL
DATE: 021793

AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)
ITEMIZED RECEIPTS
CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 01/01/93 TO 01/31/93

PAGE 5
LINE NUMBER 11a 1

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Falter MD=Richard T 815 Hancock Burn Road Hutchinson KS 67502	Self-Employed OPHTHALMOLOGIST	01/19/93	300.00	300.00
Howard MD=Cleve H Suite 103 3200 SW 60th Court Miami FL 33155	Pediatric Ophthal PHYSICIAN	01/06/93	300.00	300.00
Myers MD=Boyd H Suite 330 6400 Arlington Boulevard Falls Church VA 22042	SELF-EMPLOYED OPHTHALMOLOGIST	01/14/93	300.00	300.00
Jarrett II MD=William H 2004 Peachtree Rd NW Atlanta GA 30367	Self-Employed PHYSICIAN	01/27/93	300.00	300.00
Irvine MD=Alexander R Dept Ophthalmology M-301 Univ Calif Medical Center San Francisco CA 94143	Self-Employed PHYSICIAN	01/12/93	300.00	300.00
Rackoal MD=Richard J 31-27 41st Street Astoria NY 11103	Self-Employed OPHTHALMOLOGIST	01/28/93	300.00	300.00
Braunstein MD=Edgar G PO Box 7266 North Bergen NJ 07047	SELF-EMPLOYED PHYSICIAN	01/07/93	300.00	300.00
Tanton MD=John E Burns Clinic 360 West Mitchell Petoskey MI 49770	Burns Clinic PHYSICIAN	01/20/93	300.00	300.00
		SUBTOTAL	2400.00	

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PROGRAM NO. AMERICAN ACADEMY OF OPHTHALMOLOGY THE POLITICAL COMMITTEE (OPHTHPAC) PAGE 6
DATE 021793 ITEMIZED RECEIPTS LINE NUMBER 11a 1
CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 01/01/93 TO 01/31/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Bason MD*Jack F 305 South Dora Street Ukiah CA 95482	Self-Employed PHYSICIAN	01/14/93	300.00	300.00
Bourgeois MD*Keith A Suite 1205 1315 Calhoun Houston TX 77002	C A GARCIA MD & ASSC OPHTHALMOLOGIST	01/19/93	300.00	300.00
Hoffman MD*David S 52 DeForest Avenue Summit NJ 07901	SELF-EMPLOYED OPHTHALMOLOGIST	01/07/93	300.00	300.00
Fecko MD*Paul 109 Townsend Avenue Birmingham MI 48009	SELF OPHTHALMOLOGIST	01/04/93	300.00	300.00
Backer MD*Gordon L PO Box 609 Hanson MI 54401	EYE CLINIC OF HAUS OPHTHALMOLOGIST	01/13/93	300.00	300.00
Sugiki MD*Shigemi Suite 714 1300 Lusitana Street Honolulu HI 96813	Self-Employed PHYSICIAN	01/14/93	300.00	300.00
Rinkhof MD*F Tempel Suite 200 4400 South 700 East Salt Lake City UT 84107	Self-Employed OPHTHALMOLOGIST	01/21/93	300.00	300.00
Reiss MD*Edward C 95 Northfield Avenue West Orange NJ 07052	Self-Employed PHYSICIAN	01/19/93	300.00	300.00
		SUBTOTAL	2400.00	

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES

SCHEDULE A

FROM 01/01/93 TO 01/31/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Stamper MD=Robert L Cal Pacific Med Ctr/Ophth 2340 Clay Street San Francisco CA 94115	Pac Prsbyt Med Ctr PHYSICIAN	01/22/93	300.00	300.00
Pacher MD=Samuel North Shore University Hosp 300 Community Drive/Ophth Manhasset NY 11030	North Shore Univ Hos OPHTHALMOLOGIST	01/25/93	300.00	300.00
Cohen MD=David M Holy Family Med Bldg/Ste 107 East 235 Rowan Spokane WA 99207	Self-Employed PHYSICIAN	01/27/93	250.00	250.00
Bedotto MD=Carmine 1701 North Federal Highway Boca Raton FL 33432-1931	Self-Employed OPHTHALMOLOGIST	01/10/93	250.00	250.00
Abramson MD=David H 70 East 66th Street New York NY 10021	Self-Employed OPHTHALMOLOGIST	01/13/93	300.00	300.00
Kirkland Jr MD=Cleveland 120 Las Beauregard San Angelo TX 76902-2000	R Rowland & Assoc OPHTHALMOLOGIST	01/04/93	300.00	300.00
Silverman MD=Bonnie S 475 Tuckahoe Road Yonkers NY 10710	SELF-EMPLOYED OPHTHALMOLOGIST	01/07/93	300.00	300.00
Sherman MD=Roger H 106 East Gambier Street Mount Vernon OH 43050	SELF-EMPLOYED OPHTHALMOLOGIST	01/12/93	250.00	250.00
	SUBTOTAL		2250.00	

93 J 3 8 2 9 5 2 7 5

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Tourse MD*James Edward Suite 150 891 Brewster Avenue Redwood City CA 94063-1909	Self-Employed OPHTHALMOLOGIST	01/04/93	300.00	300.00
Buck MD*Robert L 5011 Burnet Road Austin TX 78756	Self-Employed PHYSICIAN	01/04/93	300.00	300.00
Carter MD*Thomas H 400 Fairview Ponca City OK 74601	Self-Employed OPHTHALMOLOGIST	01/08/93	300.00	300.00
Rabig MD*John L Casey Eye Institute 3375 SW Terwilliger Boulevard Portland OR 97201	Portland Eye Group OPHTHALMOLOGIST	01/07/93	300.00	300.00
Offutt IV MD*William H Suite 211 120 North Eagle Creek Drive Lexington KY 40509-1827	Self-Employed OPHTHALMOLOGIST	01/20/93	250.00	250.00
Jones MD*David G 501 North 17th Street Allentown PA 18104	Self-Employed PHYSICIAN	01/05/93	300.00	300.00
Bartman MD*M King 516 Pellis Road Greensburg PA 15601	Self-Employed PHYSICIAN	01/04/93	300.00	300.00
Scott MD*Timothy W Suite 201 121 North Prairie Avenue Inglewood CA 90301	SELF OPHTHALMOLOGIST	01/11/93	300.00	300.00
	SUBTOTAL		2350.00	

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Sanders MD*C Drew Schaver Clinic/10th Floor 1514 Jefferson Highway New Orleans LA 70121	Self-Employed PHYSICIAN	01/04/93	300.00	300.00
Berry MD*Priscilla H B 3532 Centenary Dallas TX 75225	SELF-EMPLOYED OPHTHALMOLOGIST	01/04/93	300.00	300.00
Fall MD*David G 676 Sol Road Visalia CA 93291	Self-Employed PHYSICIAN	01/25/93	300.00	300.00
Hinnick Jr MD*George H Kinston Eye Clinic Kinston Clinic North Kinston NC 28501	Kinston Eye Clinic OPHTHALMOLOGIST	01/10/93	300.00	300.00
Jerczynski MD*Elias Apartment 1203 1755 East 55th Street Chicago IL 60615-5972	Self employed PHYSICIAN	01/22/93	300.00	300.00
Lovese MD*Ralph Z Suite 209 2000 Brookwood Med Dr Birmingham AL 35209-6824	Self-Employed PHYSICIAN	01/14/93	300.00	300.00
Nicholas MD*Spero 443 Clawson Street Staten Island NY 10306	SELF OPHTHALMOLOGIST	01/08/93	300.00	300.00
Orquett MD*Maria E 39 East 35th Street New York NY 10016	SELF-EMPLOYED OPHTHALMOLOGIST	01/04/93	300.00	300.00
		SUBTOTAL	2400.00	

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 01/01/93 TO 01/31/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Colucelli MD*Gerard A 1235 San Marco Boulevard Jacksonville FL 32207	Self-Employed OPHTHALMOLOGIST	01/08/93	300.00	300.00
Day MD*Donald R TTUHSC/Thompson Hall Dept of Ophth and Visual Sci Lubbock TX 79430	TEXAS TECH UNIVERSIT OPHTHALMOLOGIST	01/26/93	300.00	300.00
Hadler MD*Daniel J Suite 270 409 Broad Street Sewickley PA 15143	Self-Employed PHYSICIAN	01/12/93	300.00	300.00
Baker MD*Sterling S 4215 North Classen Boulevard Oklahoma City OK 73118-2494	Self Employed OPHTHALMOLOGIST	01/19/93	300.00	300.00
Kesden MD*Dennis PO Box 1540 Massapequa NY 11758-2313	Self-Employed PHYSICIAN	01/10/93	300.00	300.00
Storm MD*Richard L 303 East Park Avenue Long Beach NY 11561	Self-Employed PHYSICIAN	01/07/93	300.00	300.00
Flaherty MD*Kevin Thomas PO Box 689 614 First Street Nassau NY 54402	Univ of Louisville OPHTHALMOLOGIST	01/13/93	300.00	300.00
Homer MD*Paul I 731 Harbleway Boca Raton FL 33432	SELF OPHTHALMOLOGIST	01/08/93	300.00	300.00
	SUBTOTAL		2400.00	

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Goodart MD=Roy A 4400 South 700 East Salt Lake City UT 84107	OPHTHALMOLOGIST	01/27/93	300.00	300.00
Michaels MD=Louis B 50 Waterford Pike PO Box J Brookville PA 15825	SELF-EMPLOYED OPHTHALMOLOGIST	01/04/93	300.00	300.00
Bray MD=William Hugh 1101 Maine Quincy IL 62301	UNIV MO PHYSICIAN	01/04/93	300.00	300.00
Brasek MD=George A 3311 East Burdock Wichita KS 67208	WICHITA CLINIC OPHTHALMOLOGIST	01/20/93	300.00	300.00
Turley MD=Kenneth H 2025 East 17th Street Idaho Falls ID 83404	Self-Employed OPHTHALMOLOGIST	01/26/93	300.00	300.00
Garrett III MD=Charles H Springer Clinic 6160 South Yale Avenue Tulsa OK 74136	SPRINGER CLINIC OPHTHALMOLOGIST	01/19/93	300.00	300.00
Luntz MD=Maurice H 121 East 60th Street New York NY 10022	Self-Employed PHYSICIAN	01/21/93	300.00	300.00
Crawford MD=Michael J 415 College Northeast Grand Rapids MI 49503	OPHTHALMOLOGIST	01/27/93	300.00	300.00
	SUBTOTAL		2400.00	

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Natsko MD*Louise A 250 Philip Place Philadelphia PA 19104	SELF EMPLOYED OPHTHALMOLOGIST	01/25/93	300.00	300.00
Gildenhar MD*Mark E Tacoma Eye Clinic B-6001 Milwaukee Med Ctr Tacoma OR 98405	Tacoma Eye Clinic OPHTHALMOLOGIST	01/05/93	300.00	300.00
Heinz MD*Lazzlo 65-44 108 Street Fresh Meadows NY 11365	Self-Employed OPHTHALMOLOGIST	01/14/93	300.00	300.00
Kurata MD*Fred K 426 E Third Street Suite 603 Los Angeles CA 90013	SELF OPHTHALMOLOGIST	01/07/93	300.00	300.00
Clark III MD*Spurgeon R 302 Isabella Street Waycross GA 31501	SELF-EMPLOYED PHYSICIAN	01/19/93	300.00	300.00
Traykowski MD*Alexander 46 East 86th Street New York NY 10024	Self-Employed PHYSICIAN	01/11/93	300.00	300.00
Mitchell MD*Kenneth H Suite 105 6894 Lake North Road Lake Worth FL 33467	SELF-EMPLOYED OPHTHALMOLOGIST	01/28/93	300.00	300.00
Kapelus MD*Stanley H Suite 172 5400 Balboa Boulevard Encino CA 91316	Self-Employed OPHTHALMOLOGIST	01/07/93	300.00	300.00
	SUBTOTAL		2400.00	

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Hittenen MD*George J PO Box 489 Hanson MI 54401	OPHTHALMOLOGIST	01/13/93	300.00	300.00
First MD*Paul David Suite 902 7000 Hollywood Blvd Hollywood CA 90028	OPHTHALMOLOGIST	01/14/93	300.00	300.00
Silverstein MD*Hodger J RR1 556 North Road Chester NJ 07930	SELF OPHTHALMOLOGIST	01/19/93	300.00	300.00
Lenahan MD*Deborah S Davidson Eye Associates 2 Hospital Drive Lexington NC 27292	OPTHALMOLOGIST OPHTHALMOLOGIST	01/26/93	300.00	300.00
Mangles MD*George J 9145 So Tripp Ave Oak Lawn IL 60453	Self-Employed PHYSICIAN	01/19/93	300.00	300.00
Ward MD PhD*Brian 8104 3003 South Bascom Avenue Campbell CA 95008-7317	SELF-EMPLOYED OPHTHALMOLOGIST	01/07/93	300.00	300.00
Myhinny MD*George J 1875 West Dempster Park Ridge IL 60068	Self-Employed PHYSICIAN	01/08/93	300.00	300.00
Livecchi MD*John T Suite 203 746 Jefferson Avenue Scranton PA 18501	SELF-EMPLOYED OPHTHALMOLOGIST	01/04/93	300.00	300.00
	SUBTOTAL		2400.00	

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Fountain MD*James A 8424 Nash Road Suite 2B Indianapolis IN 46260	Jaf MD Inc PHYSICIAN	01/05/93	300.00	300.00
Short MD*Howard H Suite 115 800 East Fifth Street Washington IN 63090	Tri-County Eye Ctr OPHTHALMOLOGIST	01/10/93	300.00	300.00
Wilson MD*Larry L 520 South Cowley Spokane WA 99202	Self-Employed PHYSICIAN	01/11/93	300.00	300.00
Lubac MD*Jan S Mission Medical Tower/Ste 153 26732 Crown Valley Parkway Mission Viejo CA 92691	Self-Employed OPHTHALMOLOGIST	01/07/93	300.00	300.00
Verdier MD*David D 1000 East Paris Avenue SE Grand Rapids MI 49546	Self-Employed PHYSICIAN	01/19/93	300.00	300.00
Reich MD*Raymond 118 West End Avenue Brooklyn NY 11235	Self-Employed OPHTHALMOLOGIST	01/07/93	300.00	300.00
Bradley MD*John C Suite 418 6935 Wisconsin Avenue Chevy Chase MD 20815-6109	SELF-EMPLOYED PHYSICIAN	01/04/93	300.00	300.00
Rubin MD*Steven E Division Pediatric Ophth North Shore Univ Hospital Manhasset NY 11030	LONG ISLAND JEWISH OPHTHALMOLOGIST	01/28/93	300.00	300.00
	SUBTOTAL		2400.00	

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Wagner MD*Paul F 300 McCleary Street Burlington NJ 53105	Self-Employed OPHTHALMOLOGIST	01/19/93	300.00	300.00
Wagrist MD*Richard C Suite 2600 1527 State Highway 27 Somerset NJ 08873	OPHTHALMOLOGIST	01/08/93	300.00	300.00
Feinman MD*Elliott B North Manhattan Eye Center 4966 Broadway New York NY 10034	Self-Employed OPHTHALMOLOGIST	01/08/93	300.00	300.00
Poole MD*Edward F Eye Associates of Bucks County 360 Middletown Blvd/Suite 402 Langhorne PA 19047	EYE ASSOC OPHTHALMOLOGIST	01/12/93	300.00	300.00
Felt MD*Douglas P Suite 125 425 East Saint Benedicts Way Ogden UT 84405	Self-Employed PHYSICIAN	01/11/93	300.00	300.00
Winthrop MD*Stuart R 1959 Las Tunas Road Santa Barbara CA 93103-1722	SELF-EMPLOYED PHYSICIAN	01/26/93	300.00	300.00
Bishop MD*John E Suite 305 3301 South Alameda Corpus Christi TX 78411	Self-Employed OPHTHALMOLOGIST	01/13/93	300.00	300.00
Stout MD*Harrow C Samuel Bank Building 595 East Colorado Blvd/0531 Pasadena CA 91101	SELF-EMPLOYED PHYSICIAN	01/13/93	300.00	300.00
	SUBTOTAL		2400.00	

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Thomas MD*Roy B 850 East Broad Street Elyria OH 44035	Self-Employed PHYSICIAN	01/15/93	300.00	300.00
Goodrich MD*Steven B 315 Duke Road St Louis MO 63031	Self-Employed PHYSICIAN	01/07/93	300.00	300.00
Goodill MD*James H 1306 Kanawha Boulevard East PO Box 3107 Charleston WV 25331	Eye & Ear Clinic OPHTHALMOLOGIST	01/14/93	300.00	300.00
Hahn MD*Laurence S PO Box 11000 Mesa AZ 85214-1100	CASA BLANCA OPHTHALMOLOGIST	01/13/93	300.00	300.00
Hatkins MD*L Andrew 535 West 20th Houston TX 77008-3691	HEIGHTS EYE CENTER OPHTHALMOLOGIST	01/14/93	300.00	300.00
Garrett MD*Samuel H 1744 Sir William Osler Drive Virginia Beach VA 23454	US Army OPHTHALMOLOGIST	01/08/93	300.00	300.00
Hernandez MD*Luis R Suite 9C Torre San Pablo Bayamon PR 00959	Self-Employed PHYSICIAN	01/08/93	300.00	300.00
Hats MD*Steven J 1931 Williamsbridge Road Bronx NY 10461	Self-Employed OPHTHALMOLOGIST	01/04/93	300.00	300.00
	SUBTOTAL		2400.00	

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Samuelson MD-Steven 220 East 22nd Street Fremont NE 68025	Univ of NE Med Ctr OPHTHALMOLOGIST	01/14/93	300.00	300.00
Silverman-Allen c/o Dr David Gall MD 5001 Frankford Avenue Philadelphia PA 19124	SELF-EMPLOYED OPHTHALMOLOGIST	01/20/93	300.00	300.00
Sinker MD-Robert G 1901 Leawood Drive Frankfort KY 40601-3873	SELF-EMPLOYED OPHTHALMOLOGIST	01/04/93	300.00	300.00
Silverstein MD-M Mimi MD 550 North Road Chester NJ 07930	SELF OPHTHALMOLOGIST	01/19/93	300.00	300.00
Harold MD-Ralph T 7 Harlee Drive Canton IL 61520	COLEMAN CLINIC LTD OPHTHALMOLOGIST	01/13/93	300.00	300.00
Gulati MD-Mahesh K Apartment 610 1525 Amherst Manor Drive Buffalo NY 14221	SELF-EMPLOYED OPHTHALMOLOGIST	01/20/93	300.00	300.00
	SUBTOTAL		1800.00	
	*** TOTAL ***		29900.00	

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 2/12/93
☐	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

I.A.Q. — PREPARER

3/23/93 — DATE PREPARED

FEC FORM 70-2 (12/92)

23038295286