REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

SEP 25 12 15 PM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
AMERICAN ACADEMY OF OPHTHALMOLOGY (OPHTHPAC)

ADDRESS (number and street) ☐ Check if different than previously reported
655 BEACH STREET

CITY, STATE and ZIP CODE
SAN FRANCISCO CA 94109

2. FEC IDENTIFICATION NUMBER
C00196246

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☒ September 20 ☐ January 31

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 8/01/95 through 8/31/95		
6. (a) Cash on Hand January 1, 19 95		$ 254,693.44
(b) Cash on Hand at Beginning of Reporting Period	$ 214,468.74	
(c) Total Receipts (from Line 19)	$ 23,364.44	$ 224,308.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 237,833.18	$ 479,002.39
7. Total Disbursements (from Line 30)	$ 3,261.91	$ 244,431.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 234,571.27	$ 234.571.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Type or Print Name of Treasurer
PAULA E. LENT

Signature of Treasurer
Paula E Lent Treasurer

Date
9/20/95

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

FEC FORM 3X
(revised 9/93)

FF44N101

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

(revised 1/1/91)

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

REPORT COVERING PERIOD FROM 08/01/95 TO 08/31/95

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	20,500.00	185,565.00	11(a)(i)
ii. Unitemized	2,710.00	37,580.00	11(a)(ii)
iii. Total (add i and ii) ➤	23,210.00	223,145.00	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	23,210.00	223,145.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	154.44	1,163.95	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	23,364.44	224,308.95	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	23,364.44	224,308.95	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	261.91	14,306.12	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	261.91	14,306.12	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	230,125.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3,261.91	244,431.12	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3,261.91	244,431.12	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	23,210.00	223,145.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	23,210.00	223,145.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	261.91	14,306.12	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	261.91	14,306.12	37

FE4AN101

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 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 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 350 California Street San Francisco CA 94104 Receipt For: [ ] Primary [ ] General [X] Other (specify):	N/A Occupation N/A Aggregate Year-to-Date $ 245.26	8/31/95	31.40
B. Dean Witter Reynolds Inc 167 East Second Avenue San Mateo CA 94401 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	N/A Occupation N/A Aggregate Year-to-Date $ 918.69	8/31/95	123.04
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)	154.44
TOTAL This Period (last page this line number only)	154.44

FE4AN-01

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 21b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY POLITICAL COMMITTEE (OPHTHPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Union Bank 350 California Street San Francisco CA 94104	Mercant/Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	07/31/95	261.91
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	261.91
TOTAL This Period (last page this line number only)	261.91

FE4ANI01

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09/19/95

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)
Itemized Disbursements
Contributions to Federal Candidates and Other Political Committees
Schedule B
From 08/01/95 To 08/31/95

Line Number 23

Any information copied from such Reports or 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 and ADDRESS		DISBURSEMENT PURPOSE	DATE	AMOUNT
CUBIN FOR CONGRESS PO BOX 4657 CASPER	WY 82604	At Large HOUSE / AL / WY 96 / Primary	08/31/95	1,000.00
HALL FOR CONGRESS PO BOX 711 ROCKWALL	TX 75087	HOUSE / 4 / TX 96 / Primary	08/31/95	1,000.00
LINDER FOR CONGRESS COMM PO BOX 942060 ATLANTA	GA 30341	HOUSE / 4 / GA 96 / Primary	08/31/95	1,000.00

Subtotal: 3,000.00

TOTAL: 3,000.00

Contributions from Individuals Other than Political Committees

SCHEDULE A

From 08/01/95 To 08/31/95

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE	RECEIPT AMOUNT
Moretsky Sanford L 2125 West Indian School Road Phoenix AZ 85015	Self-Employed Physician	300.00	08/02/95	300.00
Oesterle Carolyn S 2015 North Main Street Wheaton IL 60187	Wheaton Eye Clinic Ophthalmologist	300.00	08/02/95	300.00
Mehelas Thomas J Medical College of Ohio Dept of Ophthalmology Toledo OH 43614	Self-Employed Ophthalmologist	300.00	08/02/95	300.00
Colvard D Michael Suite 545 5363 Balboa Boulevard Encino CA 91316	Self-Employed Ophthalmologist	300.00	08/02/95	300.00
Leja Stanley Allen Suite B 1225 Eureka Way Redding CA 96001	Self-Employed Ophthalmologist	300.00	08/02/95	300.00
Werblin Theodore P PO Box 5879 1051 Stafford Drive Princeton NJ 24740-5879	Self-Employed Ophthalmologist	300.00	08/02/95	300.00
Hsueh Linda 120 Summit Avenue Summit NJ 07901	SUMMIT MED GROUP Physician	300.00	08/02/95	300.00

Subtotal: 2,100.00

Contributions from Individuals Other than Political Committees
SCHEDULE A
From 08/01/95 To 08/31/95

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE	RECEIPT AMOUNT
Haug James D 1116 North Second Street Atchison KS 66002	Self-Employed Ophthalmologist	200.00	08/02/95	200.00
Braun James R 205 Mc Auley Court Hot Springs AR 71913	Self-Employed Ophthalmologist	200.00	08/02/95	200.00
Weinstock Floyd Suite 207 123 Franklin Corner Road Lawrenceville NJ 08648	Self-Employed Ophthalmologist	300.00	08/02/95	300.00
Galentine Paul G Suite 300C 2620 East 7th Street Charlotte NC 28204	self Ophthalmologist	300.00	08/02/95	300.00
Stoj Marion Joseph Suite 100 43 Woodland Street Hartford CT 06105	SELF-EMPLOYED Ophthalmologist	200.00	08/02/95	200.00
Peterson Walter C Suite 623 801 Broadway Seattle WA 98122	self employed Physician	300.00	08/02/95	300.00
Saunders John F Suite 603 7711 Louis Pasteur Drive San Antonio TX 78229-3492	Self-Employed Physician	300.00	08/02/95	300.00

Subtotal: 1,800.00

Contributions from Individuals Other than Political Committees

SCHEDULE A

From 08/01/95 To 08/31/95

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE RECEIPT	AMOUNT
Gitschlag Gary M Suite 310 2100 Clinch Avenue Knoxville TN 37916	self Ophthalmologist	300.00	08/02/95	300.00
Geisse Laurence J 2572 Atlantic Avenue Long Beach CA 90806	Self-Employed Ophthalmologist	300.00	08/02/95	300.00
Lee Florence S 240 Riverside Drive Johnson City NY 13790	Self-Employed Physician	300.00	08/02/95	300.00
Butner Robert W Suite 2200 Scurlock Tower 6560 Fannin Houston TX 77030	McPherson Associates Physician	300.00	08/02/95	300.00
Crawford John R Crawford Professional Bldg 310 North Main Street Salisbury NC 28144	SELF-EMPLOYED Ophthalmologist	300.00	08/02/95	300.00
Kolker Allan E Washington Un Sch Med/Ophth 660 South Euclid Avenue St Louis MO 63110	WASHINGTON UNIV Physician	300.00	08/03/95	300.00
Weisenthal Robert W PO Box 48 5770 Commons Park Dewitt NY 13214-0048	Self-Employed Physician	300.00	08/07/95	300.00

Subtotal: 2,100.00

Contributions from Individuals Other than Political Committees
SCHEDULE A
From 08/01/95 to 08/31/95

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE RECEIPT	AMOUNT
Belin Michael W Albany Med College/ Ophth Dept 1 Pinnacle Place- McKown Road Albany NY 12203	ALBANY MED COLLEGE Physician	300.00	08/08/95	300.00
Holweger Ronald R 2503 Canterbury Road Hays KS 67601	Northwest KS Eye Clin Ophthalmologist	300.00	08/08/95	300.00
Mairel Raoul David 404 Magnolia Oak Drive Longwood FL 32779	Florida Eye Center Ophthalmologist	300.00	08/08/95	300.00
Durfee David A 1306 Division Street Oregon City OR 97045	Oregon City Eye Clnc Physician	300.00	08/08/95	300.00
Smalley Glendon W 221 Ridge Circle Dublin GA 31021	Self-Employed Physician	300.00	08/08/95	300.00
Morimoto David 219 North Hammes Avenue Box 2937 Joliet IL 60434	ASSN OPTH Ophthalmologist	300.00	08/08/95	300.00
Greco Joseph J Salem Hospital Med Bldg 79 Highland Avenue Salem MA 01970	Self-Employed Physician	300.00	08/08/95	300.00

Subtotal: 2,100.00

Contributions from Individuals Other than Political Committees
SCHEDULE A
From 08/01/95 To 08/31/95

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE RECEIPT	AMOUNT
Kelman Charles D Suite 2112 350 Fifth Avenue New York NY 10118	Self-Employed Ophthalmologist	300.00	08/08/95	300.00
Davis Glenn Kenneth II 1510 Bob White Boulevard Pulaski VA 24301-4406	SELF-EMPLOYED Ophthalmologist	500.00	08/08/95	500.00
Kelly Stephen P Box 1727 Brownwood TX 76801	Self-Employed Ophthalmologist	300.00	08/08/95	300.00
Virdi Pren S 2202 18th Ave Rock Island IL 61201	SELF-EMPLOYED Ophthalmologist	300.00	08/08/95	300.00
Berzins Uldis J 655 Medical Center Drive NE Salem OR 97301	SELF-EMPLOYED Ophthalmologist	300.00	08/08/95	300.00
Jordan Alan J 149 Pierrepont Street Brooklyn NY 11201	SELF EMPLOYED Ophthalmologist	300.00	08/08/95	300.00
Morimoto Paul K 219 North Hammes Avenue PO Box 2937 Joliet IL 60434	Self-Employed Ophthalmologist	300.00	08/08/95	300.00

Subtotal: 2,300.00

Contributions from Individuals Other than Political Committees
SCHEDULE A
From 08/01/95 To 08/31/95

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE RECEIPT	AMOUNT
Larsen Peter A St Cloud Eye Clinic 2055 North 15th Street/Suite D St Cloud MN 56303	Self-Employed Ophthalmologist	300.00	08/08/95	300.00
Anderson Rodney A Eye Care Clinic 6252 Yellowstone Road Cheyenne WY 82009	Eye Care Clinic Ophthalmologist	300.00	08/08/95	300.00
Bartolomei Victoria 431 Cesar Gonzalez Hato Rey San Juan PR 00918	Self-Employed Ophthalmologist	300.00	08/11/95	300.00
Cohen Gerald Suite 320 3525 Prytania Street New Orleans LA 70115	Self-Employed Physician	300.00	08/11/95	300.00
Storm Richard L 303 East Park Avenue Long Beach NY 11561	Self-Employed Physician	300.00	08/16/95	300.00
Tymiak Lyda D 2650 Tampa Road Palm Harbor FL 34684	SELF EMPLOYED Ophthalmologist	300.00	08/16/95	300.00
Pascucci Stephen E 200 Mifflin Avenue Scranton PA 18503	SELF EMPLOYED Ophthalmologist	250.00	08/16/95	250.00

Subtotal: 2,050.00

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE RECEIPT	AMOUNT
Scruggs Jan W 312 West Pershing North Little Rock AR 72114	Self-Employed Physician	300.00	08/16/95	300.00
Pollack Irvin P Sinai Hospital / Ophth Dept 2411 W Belvedere Ave Baltimore MD 21215-5271	SINAI HOSP OF BALTO Ophthalmologist	300.00	08/16/95	300.00
Nutzscher Bernd W 72 22nd Avenue San Francisco CA 94121	self Ophthalmologist	300.00	08/16/95	300.00
Simon Roger W Suite 710 3006 South Maryland Parkway Las Vegas NV 89109	Self-Employed Physician	300.00	08/16/95	300.00
Wise James W Building A Suite 1010 3433 Northwest 56th Oklahoma City OK 73112-4914	Northwest Eye Phy's Physician	300.00	08/16/95	300.00
Foster Marlene R Wills Eye Hospital 900 Walnut Philadelphia PA 19107	Self-Employed Ophthalmologist	300.00	08/16/95	300.00
Rankin Gary A Suite 100 522 North Elam Avenue Greensboro NC 27403	self Physician	300.00	08/16/95	300.00

Subtotal: 2,100.00

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE RECEIPT	AMOUNT
Kivlin Jane B Eye Institute 8700 West Wisconsin Avenue Milwaukee WI 53226-3595	Self-Employed Ophthalmologist	300.00	08/18/95	300.00
Gavaris Paul T #21 4910 Massachusetts AV Washington DC 20016	EYE ASSOCIATES OF WA Physician	300.00	08/18/95	300.00
Davenport Richard D Suite 204 2424 South 90th Street West Allis WI 53227	R D DAVENPORT MD SC Physician	250.00	08/18/95	250.00
Stanton Francis X Scripps Clinic & Rsch Fndtn 2020 Genesee Avenue San Diego CA 92123	Scripps Clinic Ophthalmologist	300.00	08/18/95	300.00
Fuller Richard L 3545 Lincoln Way East Massillon OH 44646	PERRY EYE CLINIC Ophthalmologist	300.00	08/18/95	300.00
Burgess Dean B Suite 17413 East Pavilion One Barnes Hospital Plaza St Louis MO 63110	Retina Consultants Ophthalmologist	300.00	08/18/95	300.00
Noah Van E Suite 104 3900 Wake Forest Road Raleigh NC 27609	SELF-EMPLOYED Ophthalmologist	700.00	08/21/95	700.00

Subtotal: 2,450.00

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE RECEIPT	AMOUNT
Deu James N Jr Suite 501 1459 Montreal Road Tucker GA 30084	SELF EMPLOYED Ophthalmologist	300.00	08/21/95	300.00
Lindstrom Richard L Suite 106 710 East 24th Street Minneapolis MN 55404	Univ MN Physician	300.00	08/25/95	300.00
Glotfelty John M 1247 Lakeland Hills Boulevard Lakeland FL 33805-4673	Self Employed Physician	300.00	08/25/95	300.00
Wilcox John M 2023 Professional Center Drive Orange Park FL 32073	Clay Eye Phys & Surg Physician	300.00	08/25/95	300.00
Siepser Steven B 91 Chestnut Road Paoli PA 19301	SELF Ophthalmologist	300.00	08/25/95	300.00
Ruppel James R 3315 North Seminary Street PO Box 1207 Galesburg IL 61402	Galesburg Clinic Physician	300.00	08/25/95	300.00
Tasman William S Wills Eye Hospital 900 Walnut Street Philadelphia PA 19107	RETIRED/ITOUS ASSCIAT Physician	300.00	08/25/95	300.00

Subtotal: 2,100.00

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE RECEIPT	AMOUNT
Thompson Vance Michael Suite 204 1200 South Euclid Sioux Falls SD 57105	self Ophthalmologist	300.00	08/25/95	300.00
Magie Stephen M 990 Medical Towers I 9601 Lile Drive, E Little Rock AR 72205	Magie Eye Clinic Physician	300.00	08/25/95	300.00
Ferraut L Edward Suite 1540 5454 Wisconsin Avenue Chevy Chase MD 20815	Retina Grp Wash DC Physician	300.00	08/25/95	300.00
Schefkind Mark J Suite 418 8101 Minson Farm Road Alexandria VA 22306	Advanced Eye Care, Inc. Physician	300.00	08/28/95	300.00
Tekwani Miralal T 9911 Kennerly Road St Louis MO 63128	K T TEKWANI INC Physician	200.00	08/28/95	200.00

Subtotal: 1,400.00

TOTAL: 20,500.00

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 9-20-95
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

[signature] 9-25-95

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)

9 7 0 3 9 5 8 4 2 1 9