24961342344

05/18/2004 12 : 41

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

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼ 655 Beach Street

Check if different than previously reported. (ACC)

San Francisco | CA | 94109

2. FEC IDENTIFICATION NUMBER ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00196246

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 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On: X

Feb 20 (M2) | May 20 (M5) | Aug 20 (M8) | 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 (12G)

Election on ____ in the State of ____

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

Election on ____ in the State of ____

5. Covering Period 01 01 2001 through 01 31 2001

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: Carol Beatty, Treasurer

Signature of Treasurer: Electronically Filed by Carol Beatty, Treasurer — Date 05 13 2004

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 (Rev. 02/2003)

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)



Write or Type Committee Name
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 01 01 2001 To: 01 31 2001

| | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1 2001 | | 308046.15 |
| (b) Cash on Hand at Begining of Reporting Period ..... | 308046.15 | |
| (c) Total Receipts (from Line 19) ..... | 54687.07 | 54687.07 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... | 362735.22 | 362735.22 |
| 7. Total Disbursements (from Line 31) ..... | 31018.08 | 31018.08 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ..... | 331717.14 | 331717.14 |
| 9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D) ..... | 0.00 | |
| 10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D) ..... | 0.00 | |

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 (Rev. 02/2003)



Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 01 01 2001 To: 01 31 2001

| 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) ..... | 41363.75 | |
| (ii) Unitemized ..... | 13323.32 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶ | 54687.07 | 54687.07 |
| (b) Political Party Committees ..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) ..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ▶ | 54687.07 | 54687.07 |
| 12. Transfers From Affiliated/Other Party Committees ..... | 0.00 | 0.00 |
| 13. All Loans Received ..... | 0.00 | 0.00 |
| 14. Loan Repayments Received ..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees ..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) ..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) ..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) ..... | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ..... | 54687.07 | 54687.07 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... | 54687.07 | 54687.07 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)



| 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 | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 10868.08 | 10868.08 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶ | 10868.08 | 10868.08 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 20000.00 | 20000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| 26. Loan Repayments Made | 0.00 | 0.00 |
| 27. Loans Made | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 150.00 | 150.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶ | 150.00 | 150.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 31018.08 | 31018.08 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31) | 31018.08 | 31018.08 |

# DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)



| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) ..... | 54687.07 | 54687.07 |
| 34. Total Contribution Refunds (from Line 28(d)) ..... | 150.00 | 150.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) ..... | 54537.07 | 54537.07 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 10868.08 | 10868.08 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) ..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... | 10868.08 | 10868.08 |

24961342349

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

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

FOR LINE NUMBER: PAGE 6 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial)
Peter Arrowsmith
Mailing Address Arrowsmith Eye Institute
Ninth Floor 210-25th Ave North
City: Nashville State: TN Zip Code: 37203-
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: 1000.00
Date of Receipt: 01 18 2001
Transaction ID: 032320017C17380
Amount of Each Receipt this Period: 1000.00
Receipt

**B.**
Full Name (Last, First, Middle Initial)
Charles Dalton Ainip
Mailing Address Ste 302
854 W James Campbell Blvd
City: Columbia State: TN Zip Code: 38401-4672
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: 01 09 2001
Transaction ID: 032320017C35976
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial)
Hal Belyeat
Mailing Address Dean A McGee Eye Inst
608 Stanton L Young Blvd
City: Oklahoma City State: OK Zip Code: 73104-
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: 01 11 2001
Transaction ID: 032320017C13490
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1665.00

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

24961342350

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

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

FOR LINE NUMBER: PAGE 7 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): John Barber
Mailing Address: West Penn Allegheny Eye Assoc, 4815 Liberty Ave Ste M25
City: Pittsburgh State: PA Zip Code: 15224-2156
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: 01 11 2001
Transaction ID: 032320017C9923
Amount of Each Receipt this Period: 250.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Allen Beardsley
Mailing Address: Box 2018, 115 Fourth Ave. W
City: Havre State: MT Zip Code: 59501-2020
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: 01 11 2001
Transaction ID: 032320017C17416
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): A Jon Berlin
Mailing Address: PO Box 511
City: South Freeport State: ME Zip Code: 04078-0511
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: 1000.00
Date of Receipt: 01 30 2001
Transaction ID: 032320017C12742
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1550.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Priscilla Berry
Mailing Address: 8201 Preston # 140 A LB-23
City: Dallas State: TX Zip Code: 75225-6203
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: 01 11 2001
Transaction ID: 032320017C15809
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): John Bishop
Mailing Address: 4707 Everhart #108
City: Corpus Christi State: TX Zip Code: 78411-
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: 01 09 2001
Transaction ID: 032320017C29755
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Norman Blair
Mailing Address: 1905 W Taylor St
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: 300.00
Date of Receipt: 01 09 2001
Transaction ID: 032320017C3834
Amount of Each Receipt this Period: 300.00
Receipt

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

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

24961342352

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

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

FOR LINE NUMBER: PAGE 9 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Kenneth Braun
Mailing Address: 1729 Laurel Cv
City: Wichita State: KS Zip Code: 67206-3322
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: 01 11 2001
Transaction ID: 032320017C3984
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): John Bullock
Mailing Address: 400 Westhampton Stn
City: Richmond State: VA Zip Code: 23226-3324
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: 01 09 2001
Transaction ID: 032320017C26656
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Walter Bundy
Mailing Address: Virginia Eye Institute 400 Westhampton Station
City: Richmond State: VA Zip Code: 23226-
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: 01 09 2001
Transaction ID: 032320017C20765
Amount of Each Receipt this Period: 300.00
Receipt

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

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

24961342353

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

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

FOR LINE NUMBER: PAGE 10 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial)
Charles Calhoun
Mailing Address West Georgia Eye Care Center
2616 Warm Springs Rd
City: Columbus State: GA Zip Code: 31904-
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: 01 11 2001
Transaction ID: 032320017C2790
Amount of Each Receipt this Period: 365.00
Receipt

**B.**
Full Name (Last, First, Middle Initial)
Donald Charr
Mailing Address 1972 S Clinton Ave
City: Rochester State: NY Zip Code: 14618-5620
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: 01 22 2001
Transaction ID: 032320017C17262
Amount of Each Receipt this Period: 365.00
Receipt

**C.**
Full Name (Last, First, Middle Initial)
D Jackson Coleman
Mailing Address Weill Medical College of Cornell
525 E 68th St F-835
City: New York State: NY Zip Code: 10021-
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: 01 09 2001
Transaction ID: 032320017C1074B
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1030.00

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

24961342354

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

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

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(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): David Corbit
Mailing Address: 1415 Elm St
City: Manchester State: NH Zip Code: 03101-1325
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: 01 11 2001
Transaction ID: 032320017C1827
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Gary Cowan
Mailing Address: Ste 320D, 1350 S Main St
City: Fort Worth State: TX Zip Code: 76104-7969
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: 01 09 2001
Transaction ID: 032320017C30980
Amount of Each Receipt this Period: 500.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Elliot Davidoff
Mailing Address: Center For Sight, 1371 W Main St
City: Newark State: OH Zip Code: 43055-3878
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: 01 30 2001
Transaction ID: 032320017C3863
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1100.00

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

24961342355

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

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

FOR LINE NUMBER: PAGE 12 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): John Deaton
Mailing Address: 1500 S Magnolia Extension, Ste 206
City: Ocala | State: FL | Zip Code: 34471-
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: 01 09 2001
Transaction ID: 032320017C25637
Amount of Each Receipt this Period: 500.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Eric Del Piero
Mailing Address: 871 Cass St, Ste 200
City: Monterey | State: CA | Zip Code: 93940-
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: 01 11 2001
Transaction ID: 032320017C30344
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Patrick Dennis
Mailing Address: 116-B Ashley Avenue
City: Charleston | State: SC | Zip Code: 29401-
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: 01 09 2001
Transaction ID: 032320017C34958
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1300.00

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

24961342356

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

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

FOR LINE NUMBER: PAGE 13 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Robert Donohue
Mailing Address: 1245 Whitehorse Mercerville Rd, Ste 408
City: Hamilton State: NJ Zip Code: 08619-
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: 01 11 2001
Transaction ID: 032320017C39653
Amount of Each Receipt this Period: 365.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): David Efrig
Mailing Address: DEPT OF OPHTH/ CB 7040, Univ of NC
City: Chapel Hill State: NC Zip Code: 27599-0001
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: 01 18 2001
Transaction ID: 032320017C8060
Amount of Each Receipt this Period: 365.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Sergul Erzurum
Mailing Address: Eye Care Assoc Inc, 1075 W Western Reserve Rd
City: Poland State: OH Zip Code: 44514-
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: 01 22 2001
Transaction ID: 03232D017C34364
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1095.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial)
Marcel Estopinal
Mailing Address Ste 310
397 Wallace Rd
City: Nashville State: TN Zip Code: 37211-8018
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: 01 30 2001
Transaction ID: 032320017C37444
Amount of Each Receipt this Period: 365.00
Receipt

**B.**
Full Name (Last, First, Middle Initial)
Paul Fecko
Mailing Address Ste 302
189 Townsend St
City: Birmingham State: MI Zip Code: 48009-6011
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: 01 09 2001
Transaction ID: 032320017C9340
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial)
Frank Fischer
Mailing Address Ste 200
215 1st St N
City: Winter Haven State: FL Zip Code: 33881-
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: 01 09 2001
Transaction ID: 032320017C5230
Amount of Each Receipt this Period: 300.00
Receipt

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) or each category of the Detailed Summary Page

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(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Brian Flowers
Mailing Address: 1201 Summit Ave
City: Fort Worth | State: TX | Zip Code: 76102-
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: 01 19 2001
Transaction ID: 032320017C36831
Amount of Each Receipt this Period: 365.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Robert Foster
Mailing Address: Cincinnati Eye Institute, 10494 Montgomery Rd
City: Cincinnati | State: OH | Zip Code: 45242-
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: 01 11 2001
Transaction ID: 032320017C35046
Amount of Each Receipt this Period: 365.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Arthur Garela
Mailing Address: 11307 N Port Washington Rd
City: Thiensville | State: WI | Zip Code: 53092-3411
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: 01 09 2001
Transaction ID: 032320017C6116
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1030.00

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

24961342359

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

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

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[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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): John Glenn
Mailing Address: #101, 2901 East 29th Street
City: Bryan | State: TX | Zip Code: 77802-2604
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: 01 11 2001
Transaction ID: 032320017C22480
Amount of Each Receipt this Period: 365.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Joseph Greco
Mailing Address: Unit 706, 11 Church St
City: Salem | State: MA | Zip Code: 01970-3764
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: 01 09 2001
Transaction ID: 032320017C10416
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Carroll Haines
Mailing Address: Ste A, 515 Thompson St
City: Eden | State: NC | Zip Code: 27288-5040
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: 01 19 2001
Transaction ID: 032320017C25077
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1030.00

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

24961342360

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

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

FOR LINE NUMBER: PAGE 17 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Mark Harmon
Mailing Address: Levacy & Harmon Eye Ctr, 3345 Plaza Ten Dr Ste B
City: Beaumont State: TX Zip Code: 77707-
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: 01 22 2001
Transaction ID: 032320017C36029
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Bryan Hernard
Mailing Address: 6308 S Canyon Cove Dr
City: Salt Lake City State: UT Zip Code: 84121-6336
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: 01 08 2001
Transaction ID: 032320017C1512
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Steven Henslee
Mailing Address: 2012 10th Ave
City: Columbus State: GA Zip Code: 31508-
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: 01 11 2001
Transaction ID: 032320017C3077B
Amount of Each Receipt this Period: 200.00
Receipt

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

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

24961342361

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

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

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

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

**A.**
Full Name (Last, First, Middle Initial): Steven Hensiee
Mailing Address: 2012 1 Dth Ave
City: Columbus State: GA Zip Code: 31906-
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: 01 30 2001
Transaction ID: 032320017C30780
Amount of Each Receipt this Period: 100.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Stanley Hersh
Mailing Address: 1201 W Main St Ste 10D
City: Waterbury State: CT Zip Code: 06708-
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: 01 18 2001
Transaction ID: 032320017C6445
Amount of Each Receipt this Period: 250.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Gary Hirshfield
Mailing Address: Ste 102
4231 Colden St
City: Flushing State: NY Zip Code: 11355-3581
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: 01 30 2001
Transaction ID: 03232D017C34487
Amount of Each Receipt this Period: 300.00
Receipt

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Jack Hughes
Mailing Address: Ste 200, 2500 N Mayfair Rd
City: Milwaukee State: WI Zip Code: 53226-1415
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: 01 18 2001
Transaction ID: 032320017C4639
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Mark Hughes
Mailing Address: Ste 600, 50 Staniford St
City: Boston State: MA Zip Code: 02114-2506
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: 1000.00
Date of Receipt: 01 09 2001
Transaction ID: 032320017C35045
Amount of Each Receipt this Period: 1000.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Robert Hutchins
Mailing Address: 3219 Clifton Ave #210
City: Cincinnati State: OH Zip Code: 45220-3023
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: 01 09 2001
Transaction ID: 032320017C13367
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1600.00

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

24961342363

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

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

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

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

**A.**
Full Name (Last, First, Middle Initial): Ivan Jacobs
Mailing Address: 10 Mountain Blvd
City: Warren | State: NJ | Zip Code: 07059-5614
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: 01 18 2001
Transaction ID: 032320017C3705
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Mark Jank
Mailing Address: 1500 S Magnolia Ext Ste 206
City: Ocala | State: FL | Zip Code: 34471-
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: 01 09 2001
Transaction ID: 032320017C31008
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): George John
Mailing Address: Ste 220A 6400 Dutchmans Pkwy
City: Louisville | State: KY | Zip Code: 40205-3343
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: 273.75
Date of Receipt: 01 19 2001
Transaction ID: 032320017C35075
Amount of Each Receipt this Period: 273.75
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 873.75

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

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

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

FOR LINE NUMBER: PAGE 21 / 48
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Randolph Johnston
Mailing Address: Cheyenne Eye Clinic, 1300 E 20th St
City: Cheyenne State: WY Zip Code: 82001-
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: 1000.00
Date of Receipt: 01 30 2001
Transaction ID: 032320017C26858
Amount of Each Receipt this Period: 1000.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Dennis Khoury
Mailing Address: 811B Bustleton Ave
City: Philadelphia State: PA Zip Code: 19152-
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: 01 08 2001
Transaction ID: 032320017C2978
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): James Klein
Mailing Address: Metropolitan Eye Center, 21711 Greater Mack Ave
City: St Clair Shores State: MI Zip Code: 48080-2418
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: 01 30 2001
Transaction ID: 032320017C2835
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1800.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 48
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

**A.**
Full Name (Last, First, Middle Initial)
William Knauer
Mailing Address 2535 Riverside Ave
City: Jacksonville State: FL Zip Code: 32204-
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: 1000.00
Date of Receipt: 01 09 2001
Transaction ID: 032320017C29726
Amount of Each Receipt this Period: 1000.00
Receipt

**B.**
Full Name (Last, First, Middle Initial)
Karanjit Kooner
Mailing Address 5323 Harry Hines Blvd
City: Dallas State: TX Zip Code: 75390-9057
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: 01 09 2001
Transaction ID: 032320017C127
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial)
G William Lazenby
Mailing Address 1109 US Hwy 19 Ste B
City: Holiday State: FL Zip Code: 34691-
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: 01 11 2001
Transaction ID: 032320017C12455
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1600.00

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

24961342366

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

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

FOR LINE NUMBER: PAGE 23 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Eigijus Lelis
Mailing Address: 14488 Hawthorn Dr
City: Lemont | State: IL | Zip Code: 60439-
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: 01 09 2001
Transaction ID: 032320017C33466
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): David Lewis
Mailing Address: Ste GL-3
990 S Medical Dr
City: Brigham City | State: UT | Zip Code: 84302-
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: 01 09 2001
Transaction ID: 032320017C23899
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Jeffrey Todd Liegner
Mailing Address: Eye Care Northwest
350 Sparta Ave Bldg A
City: Sparta | State: NJ | Zip Code: 07871-
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: 01 18 2001
Transaction ID: 03232D017C35832
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1100.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Luis Lu
Mailing Address: Elk County Eye Clinic, 765 Johnsonburg Rd
City: St Marys | State: PA | Zip Code: 15857-
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: 01 30 2001
Transaction ID: 032320017C18064
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): James Luebbers
Mailing Address: Ste D, 1420 Tara Hills Dr
City: Pinole | State: CA | Zip Code: 94564-
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: 01 30 2001
Transaction ID: 032320017C8265
Amount of Each Receipt this Period: 500.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Dalia Maloney
Mailing Address: 2720 Main St
City: Bridgeport | State: CT | Zip Code: 06608-
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: 01 09 2001
Transaction ID: 032320017C32360
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1100.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 48
(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 Political Committee (OPHTHPAC)

**A.** Full Name (Last, First, Middle Initial)
Theodore Marshburn
Mailing Address 15925 E Whittier Blvd
City: Whittier State: CA Zip Code: 90603-
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: 01 09 2001
Transaction ID: 032320017C4366
Amount of Each Receipt this Period: 300.00
Receipt

**B.** Full Name (Last, First, Middle Initial)
Benjamin Martin
Mailing Address 4120 Del Prado Boulevard
City: Cape Coral State: FL Zip Code: 33904-
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: 01 30 2001
Transaction ID: 032320017C4201
Amount of Each Receipt this Period: 300.00
Receipt

**C.** Full Name (Last, First, Middle Initial)
Gary Mason
Mailing Address Ste 934
7777 Southwest Fwy
City: Houston State: TX Zip Code: 77074-1813
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: 01 09 2001
Transaction ID: 032320017C397
Amount of Each Receipt this Period: 300.00
Receipt

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial)
Mark McCarthy
Mailing Address 802 Med Tower
City: Norfolk State: VA Zip Code: 23507-
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: 01 11 2001
Transaction ID: 032320017C33515
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial)
David McGarey
Mailing Address 2352 N Fremont Blvd
City: Flagstaff State: AZ Zip Code: 86001-0958
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: 01 11 2001
Transaction ID: 032320017C36895
Amount of Each Receipt this Period: 365.00
Receipt

**C.**
Full Name (Last, First, Middle Initial)
Rickey Dene Medlock
Mailing Address 9800 Lile Dr Ste 500
City: Little Rock State: AR Zip Code: 72205-6229
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: 01 19 2001
Transaction ID: 032320017C32627
Amount of Each Receipt this Period: 300.00
Receipt

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Keith Mercer
Mailing Address: 14315 Quakerhill
City: Nevada City | State: CA | Zip Code: 95959-
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: 01 30 2001
Transaction ID: 032320017C37308
Amount of Each Receipt this Period: 365.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): James Mims
Mailing Address: Ste 511, 311 Camden St
City: San Antonio | State: TX | Zip Code: 78215-2015
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: 01 30 2001
Transaction ID: 032320017C2986
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Richard Moors
Mailing Address: 7075 N Sharon Ave
City: Fresno | State: CA | Zip Code: 93720-3329
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: 01 11 2001
Transaction ID: 032320017C22130
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1030.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Sanford Moretsky
Mailing Address: 2125 West Indian School Road
City: Phoenix State: AZ Zip Code: 85015-
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: 01 11 2001
Transaction ID: 032320017C18863
Amount of Each Receipt this Period: 250.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): James Murphy
Mailing Address: 5202 Faraon St
City: St Joseph State: MO Zip Code: 64506-3809
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: 01 08 2001
Transaction ID: 032320017C10367
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): G Peyton Nestrour
Mailing Address: 1201 First Colonial Rd
City: Virginia Beach State: VA Zip Code: 23454-
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: 01 30 2001
Transaction ID: 032320017C21338
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 850.00

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

24961342372

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

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

FOR LINE NUMBER: PAGE 29 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Ngoc T Nguyen
Mailing Address: 175 N Jackson Ave Ste 209
City: San Jose | State: CA | Zip Code: 95116-
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: 01 09 2001
Transaction ID: 032320017C36437
Amount of Each Receipt this Period: 500.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Barbara Ann Nugent
Mailing Address: 3125 Matlock Rd Ste 105
City: Arlington | State: TX | Zip Code: 76015-2905
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: 01 30 2001
Transaction ID: 032320017C32805
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Stephen Powell
Mailing Address: White Birch Towers 1255 Pineview Dr
City: Morgantown | State: WV | Zip Code: 26505-2713
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: 01 11 2001
Transaction ID: 032320017C32846
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1165.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 48
(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 Political Committee (OPHTHPAC)

**A.** Full Name (Last, First, Middle Initial)
Kevin Prendville

Mailing Address 270 S Candy Ln Ste B

City: Cottonwood State: AZ Zip Code: 86326-4164

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: 01 11 2001
Transaction ID: 032320017C1896
Amount of Each Receipt this Period: 365.00
Receipt

**B.** Full Name (Last, First, Middle Initial)
David Puk

Mailing Address Iowa Eye Center
1650 First Ave NE

City: Cedar Rapids State: IA Zip Code: 52402-

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: 01 11 2001
Transaction ID: 032320017C36789
Amount of Each Receipt this Period: 365.00
Receipt

**C.** Full Name (Last, First, Middle Initial)
Michael Redmond

Mailing Address 8333 North Davis Highway

City: Pensacola State: FL Zip Code: 32514-

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: 01 19 2001
Transaction ID: 032320017C1017B
Amount of Each Receipt this Period: 250.00
Receipt

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): William Rich
Mailing Address: Ste 808, 6231 Leesburg Pike
City: Falls Church | State: VA | Zip Code: 22044-
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: 1000.00
Date of Receipt: 01 30 2001
Transaction ID: 032320017C3946
Amount of Each Receipt this Period: 1000.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Frederick Richburg
Mailing Address: Valley Eye Institute, 1680 East Herndon Ave
City: Fresno | State: CA | Zip Code: 93720-1234
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: 01 11 2001
Transaction ID: 032320017C5982
Amount of Each Receipt this Period: 365.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Michael Rosenberg
Mailing Address: 537 Greenleaf Ave
City: Glencoe | State: IL | Zip Code: 60022-1705
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: 01 30 2001
Transaction ID: 032320017C5763
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1615.00**

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

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

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

FOR LINE NUMBER: PAGE 32 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): David Rothberg
Mailing Address: 3820 Tampa Rd, Ste 101
City: Palm Harbor | State: FL | Zip Code: 34684-3609
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: 01 18 2001
Transaction ID: 032320017C26844
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Gary Rubin
Mailing Address: 7001 W Archer Ave
City: Chicago | State: IL | Zip Code: 60638-2201
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: 01 08 2001
Transaction ID: 032320017C184
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Carolyn Sakauye
Mailing Address: Eye Medical Clinic of Fresno Inc, 1360 E Herndon Ave #301
City: Fresno | State: CA | Zip Code: 93720-3328
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: 01 19 2001
Transaction ID: 03232D017C25734
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1100.00

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

24961342376

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

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

FOR LINE NUMBER: PAGE 33 / 48
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

**A.**
Full Name (Last, First, Middle Initial): C Drew Sanders
Mailing Address: 566 Emerald St
City: New Orleans | State: LA | Zip Code: 70124-
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: 01 09 2001
Transaction ID: 032320017C15333
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Dalia Sang
Mailing Address: 73 Chatham St
City: Brookline | State: MA | Zip Code: 02446-
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: 1000.00

Date of Receipt: 01 09 2001
Transaction ID: 032320017C23765
Amount of Each Receipt this Period: 1000.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Krishna Sankar
Mailing Address: 201 Interstate Dr
City: Covington | State: VA | Zip Code: 24426-6441
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: 01 09 2001
Transaction ID: 032320017C18998
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1600.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 48
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

**A.**
Full Name (Last, First, Middle Initial): Gordon Schwenk
Mailing Address: 1009 SE 33d Street
City: Ocala | State: FL | Zip Code: 34471-2309
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: 01 09 2001
Transaction ID: 032320017C23439
Amount of Each Receipt this Period: 500.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Karen Segrist
Mailing Address: 533 E Third St
City: Alton | State: IL | Zip Code: 62002-
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: 01 11 2001
Transaction ID: 032320017C18319
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Herle Silverman
Mailing Address: 6002 Pointe West Blvd
City: Bradenton | State: FL | Zip Code: 34209-5531
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: 01 11 2001
Transaction ID: 032320017C28366
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1300.00

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

24961342378

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

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

FOR LINE NUMBER: PAGE 35 / 48
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

**A.**
Full Name (Last, First, Middle Initial): Eric Smith
Mailing Address: Suite 2-C, 135 West Ravine
City: Kingsport State: TN Zip Code: 37660-
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: 01 30 2001
Transaction ID: 032320017C33536
Amount of Each Receipt this Period: 500.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Wayne Snyder
Mailing Address: Snyder Eye Clinic, 1225 Fourth St NE
City: Watertown State: SD Zip Code: 57201-
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: 01 11 2001
Transaction ID: 032320017C31567
Amount of Each Receipt this Period: 500.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Stephen Sorokanich
Mailing Address: 521 Northern Blvd
City: Clarks Summit State: PA Zip Code: 18411-9024
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: 01 22 2001
Transaction ID: 032320017C30867
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1300.00

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

24961342379

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

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

FOR LINE NUMBER: PAGE 36 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Derek Sprunger
Mailing Address: Midwest Eye Inst, 201 Pennsylvania Pky
City: Indianapolis State: IN Zip Code: 46280-1381
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: 01 09 2001
Transaction ID: 032320017C33503
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Robert Stamper
Mailing Address: UCSF Dept Ophthalmology, 10 Kirkham St Rm K-301
City: San Francisco State: CA Zip Code: 94143-0730
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: 01 09 2001
Transaction ID: 032320017C11030
Amount of Each Receipt this Period: 250.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Sydney Stapleton
Mailing Address: 1726 Metromedical Dr
City: Fayetteville State: NC Zip Code: 28304-3861
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: 01 09 2001
Transaction ID: 032320017C30072
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 850.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial)
Mitchell Brian Stein
Mailing Address 89 S Moger Ave
City: Mount Kisco State: NY Zip Code: 10549-2217
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: 01 09 2001
Transaction ID: 032320017C32088
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial)
Melissa Shapiro Steinberg
Mailing Address 158 High Street
City: Passaic State: NJ Zip Code: 07055-4612
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: 375.00
Date of Receipt: 01 19 2001
Transaction ID: 032320017C36509
Amount of Each Receipt this Period: 375.00
Receipt

**C.**
Full Name (Last, First, Middle Initial)
Jonathan Stock
Mailing Address Baraboo Regional Eye Associates
703 14th St
City: Baraboo State: WI Zip Code: 53913-
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: 01 09 2001
Transaction ID: 032320017C34176
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 975.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial): Hunter Stokes
Mailing Address: 2424 Parkland Dr
City: Florence | State: SC | Zip Code: 29501-6358
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: 01 30 2001
Transaction ID: 032320017C14920
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Gregory Sutton
Mailing Address: 1710 South 70th Street, PO Box 8068
City: Lincoln | State: NE | Zip Code: 68506-6068
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: 01 30 2001
Transaction ID: 032320017C19992
Amount of Each Receipt this Period: 250.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): M David Thier
Mailing Address: Ste 212, 2100 Webster St
City: San Francisco | State: CA | Zip Code: 94115-2375
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: 01 30 2001
Transaction ID: 03232D017C5248
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 850.00

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

24961342382

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

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

FOR LINE NUMBER: PAGE 39 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial)
Anne Torrey
Mailing Address # 258
4737 County Road 101
City: Minnetonka State: MN Zip Code: 55345-2634
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: 01 30 2001
Transaction ID: 032320017C37307
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial)
Gregory Trubowitsch
Mailing Address 741 Los Miradores Dr
City: El Paso State: TX Zip Code: 79912-
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: 01 30 2001
Transaction ID: 032320017C35266
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial)
David Umer
Mailing Address 990 Sonoma Ave Ste 10
City: Santa Rosa State: CA Zip Code: 95404-
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: 01 09 2001
Transaction ID: 03232D017C9726
Amount of Each Receipt this Period: 365.00
Receipt

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

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

24961342383

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

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

FOR LINE NUMBER: PAGE 40 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial)
Alan Wagner
Mailing Address 988 First Colonial Road Ste 105
City: Virginia Beach State: VA Zip Code: 23454-
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: 01 09 2001
Transaction ID: 032320017C33117
Amount of Each Receipt this Period: 365.00
Receipt

**B.**
Full Name (Last, First, Middle Initial)
Paul Wagner
Mailing Address 308 McHenry St
City: Burlington State: WI Zip Code: 53105-
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: 01 09 2001
Transaction ID: 032320017C28233
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial)
Richard Warren
Mailing Address Ste 206
1500 SE Magnolia Ave
City: Ocala State: FL Zip Code: 34471-4461
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: 01 09 2001
Transaction ID: 032320017C32771
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1165.00

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

24961342384

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

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

FOR LINE NUMBER: PAGE 41 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial)
Marc Weitzman
Mailing Address Ophth Surgeons of Greater Bridgepo
2371 Black Rock Turnpike
City: Fairfield State: CT Zip Code: 06432-
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: 01 18 2001
Transaction ID: 032320017C36068
Amount of Each Receipt this Period: 250.00
Receipt

**B.**
Full Name (Last, First, Middle Initial)
John Anderson Wells
Mailing Address 2750 Laurel St Ste 101
City: Columbia State: SC Zip Code: 29204-
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: 01 18 2001
Transaction ID: 032320017C35358
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial)
Robert Whitaker
Mailing Address 2001 N MacArthur Blvd
Ste 425
City: Irving State: TX Zip Code: 75061-
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: 215.00
Date of Receipt: 01 11 2001
Transaction ID: 032320017C2822
Amount of Each Receipt this Period: 215.00
Receipt

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

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

24961342385

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

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

FOR LINE NUMBER: PAGE 42 / 48
(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 Political Committee (OPHTHPAC)

**A.**
Full Name (Last, First, Middle Initial)
Kirk Winward
Mailing Address Ste 210
359 Eighth Ave
City: Salt Lake City State: UT Zip Code: 84103-2895
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: 01 09 2001
Transaction ID: 032320017C33935
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial)
Harold Woodcome
Mailing Address 690 Eddy Street
City: Providence State: RI Zip Code: 02903-
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: 01 09 2001
Transaction ID: 032320017C2583
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial)
Darrell Wudunn
Mailing Address Indiana Univ Dept Ophth
702 Rotary Circle
City: Indianapolis State: IN Zip Code: 46202-
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: 01 11 2001
Transaction ID: 032320017C34776
Amount of Each Receipt this Period: 300.00
Receipt

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

TOTAL This Period (last page this line number only) ..... ▶ 41363.75

# SCHEDULE B (FEC Form 3X)
## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|---|---|---|---|---|
| [X] 21b | [ ] 22 | [ ] 23 | [ ] 24 | [ ] 25 | [ ] 26 |
| [ ] 27 | [ ] 28a | [ ] 28b | [ ] 28c | [ ] 29 | [ ] 30b |



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

**A.**
Full Name (Last, First, Middle Initial): Membership Marketing Srvcs Inc
Mailing Address: 1280 Perimeter Parkway
City: Virginia Beach | State: VA | Zip Code: 23454-
Purpose of Disbursement: MARKETING EXP
Candidate Name:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Category/Type: MARKETING EXP
Transaction ID: D4062D0126E2729
Date of Disbursement: 01/02/2001
Amount of Each Disbursement this Period: 1314.20

**B.**
Full Name (Last, First, Middle Initial): Membership Marketing Srvcs Inc
Mailing Address: 1280 Perimeter Parkway
City: Virginia Beach | State: VA | Zip Code: 23454-
Purpose of Disbursement: MARKETING EXP
Candidate Name:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Category/Type: MARKETING EXP
Transaction ID: D4062D0126E2731
Date of Disbursement: 01/04/2001
Amount of Each Disbursement this Period: 286.08

**C.**
Full Name (Last, First, Middle Initial): Specialties, Inc
Mailing Address: 3815 Wisconsin Ave NW
City: Washington | State: DC | Zip Code: 20016-3007
Purpose of Disbursement: LAPEL PINS FOR PAC
Candidate Name:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / Other (specify)
Category/Type: LAPEL PINS FOR PAC
Transaction ID: D4062D0126E2730
Date of Disbursement: 01/02/2001
Amount of Each Disbursement this Period: 9267.80

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **10868.08**

TOTAL This Period (last page this line number only) ..... ▶ **10868.08**

# SCHEDULE B (FEC Form 3X)
## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b



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

**A.**
Full Name (Last, First, Middle Initial): Berkeley for Congress
Mailing Address: 9069 Conquista Ct
City: Las Vegas State: NV Zip Code: 89121-3866
Purpose of Disbursement: HOUSE NV-1
Candidate Name
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / X Other (specify) DEBT RETIREMENT
Category/Type: HOUSE NV-1
Transaction ID: D4062D0126E2723
Date of Disbursement: 01/02/2001
Amount of Each Disbursement this Period: 2000.00

**B.**
Full Name (Last, First, Middle Initial): Comm To Re-elect Marge Roukema
Mailing Address: PO Box 625
City: Ridgewood State: NJ Zip Code: 07451-0625
Purpose of Disbursement: HOUSE NJ-5
Candidate Name
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / X Other (specify) DEBT RETIREMENT
Category/Type: HOUSE NJ-5
Transaction ID: D4062D0126E2722
Date of Disbursement: 01/02/2001
Amount of Each Disbursement this Period: 2000.00

**C.**
Full Name (Last, First, Middle Initial): Ensign for Senate
Mailing Address: 405 S Decatur Blvd
City: Las Vegas State: NV Zip Code: 89107-2812
Purpose of Disbursement: SENATE NV
Candidate Name
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / X Other (specify) DEBT RETIREMENT
Category/Type: SENATE NV
Transaction ID: D4062D0126E2727
Date of Disbursement: 01/02/2001
Amount of Each Disbursement this Period: 2500.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 6500.00

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

# SCHEDULE B (FEC Form 3X)
## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b



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

**A.**
Full Name (Last, First, Middle Initial): Friends Of Jim Maloney Inc
Mailing Address: 20 E Main St
City: Waterbury State: CT Zip Code: 06702-2302
Purpose of Disbursement: HOUSE CT-5
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: Primary / General / X Other (specify) DEBT RETIREMENT
Category/Type: HOUSE CT-5
Transaction ID: D4062D0126E2721
Date of Disbursement: 01 / 02 / 2001
Amount of Each Disbursement this Period: 2000.00

**B.**
Full Name (Last, First, Middle Initial): Friends of George Allen-Gen El Debt Ret
Mailing Address: 1329 E Cary St
City: Richmond State: VA Zip Code: 23219-4142
Purpose of Disbursement: SENATE VA
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: Primary / General / X Other (specify) DEBT RETIREMENT
Category/Type: SENATE VA
Transaction ID: D4062D0126E2725
Date of Disbursement: 01 / 02 / 2001
Amount of Each Disbursement this Period: 5000.00

**C.**
Full Name (Last, First, Middle Initial): Friends of Jane Harman
Mailing Address: PO Box 96
City: Torrance State: CA Zip Code: 90507-0096
Purpose of Disbursement: HOUSE CA-36
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: Primary / General / X Other (specify) DEBT RETIREMENT
Category/Type: HOUSE CA-36
Transaction ID: D4062D0126E2724
Date of Disbursement: 01 / 02 / 2001
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 9000.00

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

# SCHEDULE B (FEC Form 3X)
## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|---|---|---|---|---|
| ☐ 21b | ☐ 22 | ☒ 23 | ☐ 24 | ☐ 25 | ☐ 26 |
| ☐ 27 | ☐ 28a | ☐ 28b | ☐ 28c | ☐ 29 | ☐ 30b |



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

**A.**
Full Name (Last, First, Middle Initial): Schiff For Congress
Mailing Address: 555 Capitol Mall
City: Sacramento State: CA Zip Code: 95814-4504
Purpose of Disbursement: HOUSE CA-27
Candidate Name:
Category/Type: HOUSE CA-27
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / X Other (specify) DEBT RETIREMENT
Transaction ID: D4062D0126E2725
Date of Disbursement: 01 / 02 / 2001
Amount of Each Disbursement this Period: 2000.00

**B.**
Full Name (Last, First, Middle Initial): Lincoln Chafee For US Senate
Mailing Address: 1800 Post Rd
City: Warwick State: RI Zip Code: 02886-1534
Purpose of Disbursement: SENATE RI
Candidate Name:
Category/Type: SENATE RI
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / X Other (specify) DEBT RETIREMENT
Transaction ID: D4062D0126E2726
Date of Disbursement: 01 / 02 / 2001
Amount of Each Disbursement this Period: 2500.00

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4500.00 |
| TOTAL This Period (last page this line number only) ▶ | 20000.00 |

## SCHEDULE B (FEC Form 3X)
## ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|---|---|---|---|---|---|
| ☐ 21b | ☐ 22 | ☐ 23 | ☐ 24 | ☐ 25 | ☐ 26 |
| ☐ 27 | ☒ 28a | ☐ 28b | ☐ 28c | ☐ 29 | ☐ 30b |



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

Full Name (Last, First, Middle Initial)
A. Troy Elander

Mailing Address 242 26th St

City: Santa Monica
State: CA
Zip Code: 90402-

Purpose of Disbursement
Refund of Contribution refund of contrib

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D5212D0154E2811
Date of Disbursement
01 / 19 / 2001

Amount of Each Disbursement this Period
150.00

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) ..... ▶ | 150.00 |
| TOTAL This Period (last page this line number only) ..... ▶ | 150.00 |

Form/Schedule: F3XA Audit adjustment per FEC to correct Beginning [illegible]2001.
Transaction ID: C00195246