REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

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

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

CITY, STATE and ZIP CODE
SAN FRANCISCO CA 941009

2. FEC IDENTIFICATION NUMBER
C00196144

3. X This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

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

Termination Report

Monthly Report Due On:

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

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

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

(b) Is this Report an Amendment? YES X NO

SUMMARY

5. Covering Period 01/01/95 through 01/31/95

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 94		$ 254,693.44
(b)	Cash on Hand at Beginning of Reporting Period	$ 254,693.444	
(c)	Total Receipts (from Line 19)	$ 25,869.000	$ 25,869.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 280,562.444	$ 280,562.44
7	Total Disbursements (from Line 30)	$ 444.771	$ 444.71
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 280,117.773	$ 280,117.73
9.	Debts and Obligations Owed TO there Committee (Itemize all on Schedule C and or Schedule D)	$ 0	
10.	Debts and Obligations Owed BY there Committee (Itemize all on Schedule C and or Schedule D)	$ 0 -	

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

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

Type or Print Name of Treasurer
PAULA E. LENT

Signature of Treasurer
Paula E Lent

Date 2/20/95

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

FEC FORM 3X

(revised 1/1/91)

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

Revised 11/91

NAME OF COMMITTEE: AMERICAN ACADEMY OF OPHTHALMOLOGY INC...(OPHTHPAC)

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

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)	21,000.00	21,000.00
ii. Unitemized	4,725.00	4,725.00
iii. Total (add i and ii) ➤	25,725.00	25,725.00
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	25,725.00	25,725.00
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	144.00	144.00
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	25,869.00	25,869.00
20. Total Federal Receipts (subtract line 18 from line 19) ➤	25,869.00	25,869.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	444.71	444.71
c. Total Operating Expenditures (Add a i, a ii, and b) ➤	444.71	444.71
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (Add a, b and c) ➤	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 2525, 26, 27, 28d, and 29) ➤	444.71	444.71
31. Total Federal Disbursements (subtract lines 21 a ii from line 30) ➤	444.71	444.71
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	25,725.00	25,725.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	25,725.00	25,725.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	444.71	444.71
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	444.71	444.71

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Union Bank 350 California Street San Francisco CA 94104 Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	N/A Occupation: N/A Aggregate Year-to-Date > $	01/31/95	112.06
B. Dean Witter Reynolds, Inc. 167 East Second Avenue San Mateo CA 94401 Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	N/A Occupation: N/A Aggregate Year-to-Date > $	01/31/95	31.94
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)	144.00
TOTAL This Period (last page this line number only)	144.00

9 5 0 3 9 4 6 4 3 4 9

EDULE B

ITEMIZED DISBURSEMEENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY INC., POLITICAL COMMITTEE (OPHTHEPAC)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Union Bank 350 California Street San Francisco CA 94104	Merchant/Bank Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/31/995	301.96
B. Full Name, Mailing Address and ZIP Code American Express P.O.Box 53852 Phoenix AZ 85072	Merchant/Serv Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/31/995	42.75
C. Full Name, Mailing Address and ZIP Code Dean Witter Reynolds, Inc. 167 East Second Ave San Mateo CA 94401	Serv. Fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/31/995	100.00
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) 447.71

TOTAL This Period (last page this line number only) 447.71

CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES

SCHEDULE A

FROM 01/01/95 TO 12/31/95

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Stamm MD=Barry D 5209 Laurelwood 1 Court Erie PA 16506	Self-Employed OPHTHALMOLOGIST	01/03/95	300.00	300.00
Sutphin Jr MD=John E 12275 Rue Cheaumont San Diego CA 92121	U S Navy OPHTHALMOLOGIST	01/03/95	300.00	300.00
Pao MD=David S Suite 201 1018 Street Roaad Southampton PA 18966	Self-Employed OPHTHALMOLOGIST	01/03/95	300.00	300.00
Brennan MD=John M 425 North Highlaland Sherman TX 7509990	Self-Employed PHYSICIAN	01/17/95	300.00	300.00
Manopoli MD=Francis A 2735 Colonial Avenue Bronx NY 10461	SELF OPHTHALMOLOGIST	01/03/95	300.00	300.00
Cryer MD=Theodore M 495 Roadside Avevenue Haynesboro PA 17268	Self-Employed OPHTHALMOLOGIST	01/12/95	300.00	300.00
Pickrell MD=James A A P & S Eye Center 422 Poplar Street Terre Haute IN 47807-4209	Assoc Phy & Surg PHYSICIAN	01/03/95	300.00	300.00
Whitaker MD=Thomas A 900 Medical Circle Myrtle Beach SCSC 29572-4114	E Carolina Eye Ctr OPHTHALMOLOGIST	01/24/95	300.00	300.00
	SUBTOTAL		2400.00	

CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 01/01/95 TO 12/31/95

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Quigley III MD*Thomas A 29 Barkley Circle Fort Myers FL 33907	SELF-EMPLOYED OPHTHALMOLOGIST	01/12/95	300.00	300.00
Thier MD*N David Suite 212 2100 Webster Street San Francisco CA 94115	Self-Employed OPHTHALMOLOGIST	01/31/95	300.00	300.00
Finder MD*Anthony G 111 North Wabash Avenue Chicago IL 60602	Self-Employed PHYSICIAN	01/04/95	300.00	300.00
Hirshman MD*Marshall Suite 200 8901 West Golf Road Des Plaines IL 60016	Self-Employed OPHTHALMOLOGIST	01/31/95	300.00	300.00
Bourgeois MD*Keith A Suite 1205 1315 Calhoun Houston TX 77002	C A GARCIA MD & ASSC OPHTHALMOLOGIST	01/26/95	300.00	300.00
Retter MD*Raldon Hugh Suite 8 3271 North Civic Ctr Plaza Scottsdale AZ 85251	Eye Surgery Spclsts PHYSICIAN	01/19/95	300.00	300.00
Isbey Jr MD*Edward K 495 Biltmore Avenue Asheville NC 28801	Self-Employed PHYSICIAN	01/12/95	300.00	300.00
Cameron MD*Robert W Abilene Eye Institute 2120 Antilley Road Abilene TX 79606-5211	Abilene Eye Inst OPHTHALMOLOGIST	01/12/95	300.00	300.00
	SUBTOTAL		2400.00	

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 01/01/95 TO 12/31/95

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Stevenson III MD*Walter J 1870 Kentucky Quincy IL 62301	Self-Employed PHYSICIAN	01/06/95	300.00	300.00
Benson MD*William E 910 East Willow Grove Avenue Philadelphia PA 19118	Self-Employed OPHTHALMOLOGIST	01/03/95	300.00	300.00
Slater MD*Iris R 245-A East 61st Street New York NY 10021	IRIS R SLATER, P.C.# OPHTHALMOLOGIST	01/20/95	250.00	250.00
Muchnick MD*Richard S 69 East 71st Street New York NY 10021	SELF EMPLOYED OPHTHALMOLOGIST	01/31/95	300.00	300.00
Killian MD*John H 276 East Chestnut Street Asheville NC 28801	U Carolina Retinal OPHTHALMOLOGIST	02/01/95	250.00	250.00
Tearse MD*James Edward Suite 150 801 Brewster Avenue Redwood City CA 94063-1509	Self-Employed OPHTHALMOLOGIST	02/01/95	300.00	300.00
Goode MD*Stephen M Suite 1600 1350 South Main Fort Worth TX 76104	Self-Employed PHYSICIAN	01/17/95	300.00	300.00
Wright MD*Lawrence A Plaza Medical Center Bldg 1200 Binz/Suite 970 Houston TX 77004	LAWRENCE A WRIGHT OPHTHALMOLOGIST	01/31/95	300.00	300.00
	SUBTOTAL		2300.00	

CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 01/01/95 TO 12/31/95

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD # AMOUNT
Hutton MD*William L Greenville Med Tower/Suite 400 7150 Greenville Avenue Dallas TX 75231	TEXAS S RETINA ASSOC PHYSICIAN	01/03/95	300.00	300.00
McPherson MD*Alice R Suite 2200 Scurlock Tower 6560 Fannin Houston TX 77030	Self-Employed PHYSICIAN	01/03/95	300.00	300.00
Berry MD*David P 391 Serpentine Drive Suite 400 Spartanburg SC 29303	SELF-EMPLOYED OPHTHALMOLOGIST	01/03/95	500.00	500.00
Bobick MD*Frank J 301 E Broad Street Tamaqua PA 18252	FRANK J BOBICK ASSOC I PHYSICIAN	01/12/95	300.00	300.00
Chen MD*Ching Jygh Mc Bryde Eye Rehab Bldg 2500 North State Street Jackson MS 39216	Univ of Mississippi OPHTHALMOLOGIST	01/12/95	300.00	300.00
Conrad MD*Stephen H 8721 Fourth Avenue Brooklyn NY 11209	OPHTHALMOLOGIST	01/30/95	300.00	300.00
Fleming MD*Daniel J PO Box 1226 1635 East Greenville Street Anderson SC 29622	Medicus OPHTHALMOLOGIST	01/03/95	300.00	300.00
Tipton III MD*Reuben R E Carolina Regional Eye Ctr 900 Medical Circle Myrtle Beach SC 29577	EASTERERN CAROLINA OPHTHALMOLOGIST	01/24/95	300.00	300.00
	SUBTOTAL		2600.00	

AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)
ITEMIZED RECEIPTS
CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 01/01/95 TO 12/31/95

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Morrison MD*Tom N Suite 103 427 Cahill Road Branson MO 65616	TRI-LAKES EYE CENTER OPHTHALMOLOGIST	01/09/95	300.00	300.00
Saunders MD*John H 1517 Nicholasville Road Lexington KY 40503	Self-Employed OPHTHALMOLOGIST	01/12/95	300.00	300.00
Schrank MD*Loren C N201 12818 Tesson Ferry Road St Louis MO 63128	Self-Employed PHYSICIAN	01/04/95	300.00	300.00
Grossnickle MD*Richard B 2615 NE Loop 286 Paris TX 75460	Self-Employed PHYSICIAN	01/03/95	300.00	300.00
Ortiz MD*George RR 1 Box 313 Carbondale IL 62901	 OPHTHALMOLOGIST	01/09/95	300.00	300.00
Jones MD*Robert W 1202 Kentucky Street West Plains MO 65775	SELF\\ OPHTHALMOLOGIST	01/03/95	300.00	300.00
Talegaonkar MD*Shantaram 304 West Broadway Hopewell VA 23860	Self-Employed OPHTHALMOLOGIST	01/03/95	300.00	300.00
Neatrour MD*G Peyton Suite 103 840 First Colonial Road Virginia Beach VA 23451	MEYER/TOSCANO ASSOC. OPHTHALMOLOGIST	01/31/95	500.00	500.00
	SUBTOTAL		2600.00	

CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 01/01/95 TO 12/31/95

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Schindler MD*Reid F 6561 East Carondelet Drive Tucson AZ 85710	SELF OPHTHALMOLOGIST	01/17/95	300.00	300.00
Steinert MD*Roger F Ophthalmic Consultants 50 Staniford Street/6th Floor Boston MA 02114	CORNEA ASSOCIATES OPHTHALMOLOGIST	01/17/95	300.00	300.00
Thorstenson MD*Lyle S PO Box 63-2020 217 North Mound Nacogdoches TX 75963	Self-Employed OPHTHALMOLOGIST	01/12/95	1000.00	1000.00
Dangles MD*George J 9145 So Tripp Ave Oak Lawn IL 60453	Self-Employed PHYSICIAN	01/09/95	300.00	300.00
Pugh MD*David B 18599 Lakeshore Boulevard Cleveland OH 44119	WEDNET OPHTHALMOLOGIST	01/27/95 02/27/95	300.00	300.00
Cotter Jr MD*Paul B 179 Quincy Street Brockton MA 02402	Self-Employed PHYSICIAN	01/17/95	300.00	300.00
Roberts MD*Lewis A 6 Apaucuck Cove Lane Westhampton NY 11977	Self-Employed PHYSICIAN	01/09/95	300.00	300.00
Broberg MD*Peter B Suite 306 Med Ctr South 4207 James Casey Austin TX 78745	Self-Employed PHYSICIAN	01/31/95	300.00	300.00
	SUBTOTAL		3100.00	

CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 01/01/95 TO 12/31/95

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Cahill MD*Kenneth V Suite 8-200 340 East Town Street Columbus OH 43215	Ophth Srgns & Consul PHYSICIAN	01/11/95	300.00	300.00
Varian MD*David L 5 Lafayette Road West Princeton NJ 08540	Retina-Vitreous Ctr OPHTHALMOLOGIST	01/17/95	300.00	300.00
Rosenthal MD*Jeanne L 20 East Ninth Street New York NY 10003	SELF OPHTHALMOLOGIST	01/26/95	300.00	300.00
Rosenblum MD*Harvey S 155 East 38th Street New York NY 10016-2660	Self-Employed PHYSICIAN	01/06/95	300.00	300.00
Telt MD*Douglas P Suite 125 425 East Saint Benedicts Way Ogden UT 84405	Self-Employed PHYSICIAN	01/12/95	300.00	300.00
Bishop MD*John T Suite 505 3301 South Alameda Corpus Christi TX 78411	Self-Employed OPHTHALMOLOGIST	01/17/95	300.00	300.00
Wilson MD*M Roy Jules Stein Eye Inst 100 Stein Plaza Los Angeles CA 90024	JULES STEIN EYE OPHTHALMOLOGIST	01/11/95	300.00	300.00
Dana MD*Harriet R 825 Washington Street Norwood MA 02062	EYE CARE SPEC PHYSICIAN	01/31/95	300.00	300.00
	SUBTOTAL		2400.00	

AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)
ITEMIZED RECEIPTS
CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 01/01/95 TO 12/31/95

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Neville MD*Robert G Suite 216 960 West Wooster Bowling Green OH 43402-2600	Self-Employed PHYSICIAN	01/31/95	300.00	300.00
Inhoff MD*John E 3215 Shrine Road Brunswick GA 31520	Self-Employed OPHTHALMOLOGIST	01/12/95	300.00	300.00
Portfolio Jr MD*Alverindo G 1 West Ridgewood Avenue Paramus NJ 07652-2306	AG Portfolio PA OPHTHALMOLOGIST	01/17/95	300.00	300.00
Manning MD*Jean R Suite 103 1330 North Beckley Avenue Dallas TX 75203-1206	Self-Employed PHYSICIAN	01/26/95	300.00	300.00
Lelis MD*Algirdas P 76 Timberline Drive Lemont IL 60439	Hines VA Hosp OPHTHALMOLOGIST	01/17/95	300.00	300.00
Silverstein MD*M Miki RR1 556 North Road Chester NJ 07930	SELF OPHTHALMOLOGIST	01/23/95	300.00	300.00
Strickler MD*Scott Howard 412 2nd Street Marietta OH 45750	OPHTHALMOLOGIST	01/12/95	250.00	250.00
Trubowitch MD*Gregory Southwest Retina Consultants 3700 Curie Dr 43800 Sierra Ver El Paso TX 79902	LONG ISLAND JEWISH M PHYSICIAN	01/17/95	300.00	300.00
	SUBTOTAL		2350.00	

CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 01/01/95 TO 12/31/95

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Shaver MD*Jeffrey T 301 South Boulevard Suite 119 Edmond OK 73034	STATE OF OKLAHOMA OPHTHALMOLOGIST	01/27/95 02/27/95	300.00	300.00
George MD*David S 403 Lombardy Drive Williamstown WV 26187	OPHTHALMOLOGIST	01/12/95	250.00	250.00
Marcus MD*Craig M 200 Locust Street Philadelphia PA 19106	OPHTHALMOLOGIST	01/17/95	300.00	300.00
	SUBTOTAL		850.00	
	*** TOTAL ***		21000.00	

9 5 0 3 9 6 6

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 2-17-95
☐	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

PREPARER

2-21-95
DATE PREPARED

FEC FORM 70-2 (12/92)

9503946430