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)