24961342392

05/18/2004 12 : 42

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 ▼ C00196246

CITY ▲ STATE ▲ ZIPCODE ▲

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 02 01 2001 through 02 28 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 14 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: 02 01 2001 To: 02 28 2001

| | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1 2001 | | 308048.15 |
| (b) Cash on Hand at Begining of Reporting Period ..... | 331717.14 | |
| (c) Total Receipts (from Line 19) ..... | 9243.79 | 63930.86 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... | 340960.93 | 371979.01 |
| 7. Total Disbursements (from Line 31) ..... | 29255.39 | 60273.47 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ..... | 311705.54 | 311705.54 |
| 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: 02 01 2001 To: 02 28 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) ..... | 7505.00 | |
| (ii) Unitemized ..... | 1720.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶ | 9225.00 | 63912.07 |
| (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) ..... ▶ | 9225.00 | 63912.07 |
| 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.) ..... | 18.79 | 18.79 |
| 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)) ..... | 9243.79 | 63930.86 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ..... | 9243.79 | 63930.86 |

# 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 | 16255.39 | 27123.47 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶ | 16255.39 | 27123.47 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 13000.00 | 33000.00 |
| 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 | 0.00 | 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)) ▶ | 0.00 | 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)) | 29255.39 | 60273.47 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31) | 29255.39 | 60273.47 |

# 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) | 9225.00 | 63912.07 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 150.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 9225.00 | 63762.07 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 16255.39 | 27123.47 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 16255.39 | 27123.47 |

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

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

FOR LINE NUMBER: PAGE 6 / 17
(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)
Michelle Berger
Mailing Address 4100 Duval Rd Bldg 4 Ste 205
City: Austin State: TX Zip Code: 78759-
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: 02 28 2001
Transaction ID: 0406200126C37546
Amount of Each Receipt this Period: 500.00
Receipt

**B.** Full Name (Last, First, Middle Initial)
Peter Broberg
Mailing Address 4207 James Casey Ste 306
City: Austin State: TX Zip Code: 78745-
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: 02 09 2001
Transaction ID: 0406200126C37540
Amount of Each Receipt this Period: 300.00
Receipt

**C.** Full Name (Last, First, Middle Initial)
James Brennen Bryne
Mailing Address 401 Meridian St Suite 400
City: Huntsville State: AL Zip Code: 35801-
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: 02 09 2001
Transaction ID: 0406200126C37525
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 7 / 17
(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): James Brennen Bryne
Mailing Address: 401 Meridian St, Suite 400
City: Huntsville State: AL Zip Code: 35801-
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: 730.00
Date of Receipt: 02 28 2001
Transaction ID: 0406200126C37560
Amount of Each Receipt this Period: 365.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): James Doomer
Mailing Address: Austin Retina Assoc, 801 W 38th St
City: Austin State: TX Zip Code: 78705-
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: 02 28 2001
Transaction ID: 0406200126C37550
Amount of Each Receipt this Period: 365.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Robert Gillam
Mailing Address: 301 Woodglen Dr
City: Victoria State: TX Zip Code: 77904-
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: 02 28 2001
Transaction ID: D4172D0111C377D0
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) ..... ▶

24961342399

# 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)
James Gills
Mailing Address PO Box 5000
43309 US Highway 19 North
City: Tarpon Springs State: FL Zip Code: 34688-
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: 02 28 2001
Transaction ID: 0406200126C37545
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial)
Jay Gooze
Mailing Address 21 Gonic Road
City: Rochester State: NH Zip Code: 03867-3900
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: 02 28 2001
Transaction ID: 0406200126C37549
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial)
M Adams Hall
Mailing Address 20755 Greenfield
City: Southfield State: MI Zip Code: 48025-
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: 02 09 2001
Transaction ID: 0406200126C37526
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) ..... ▶

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

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

FOR LINE NUMBER: PAGE 9 / 17
(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 Patrick Hanlon
Mailing Address Mary Potter Pavillion Ste 401
2850 W 95th St
City: Evergreen Park State: IL Zip Code: 60805-2735
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: 02 09 2001
Transaction ID: 0406200126C37542
Amount of Each Receipt this Period: 300.00
Receipt

**B.**
Full Name (Last, First, Middle Initial)
John Patrick Hanlon
Mailing Address Mary Potter Pavillion Ste 401
2850 W 95th St
City: Evergreen Park State: IL Zip Code: 60805-2735
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: 665.00
Date of Receipt: 02 09 2001
Transaction ID: 0406200126C37537
Amount of Each Receipt this Period: 365.00
Receipt

**C.**
Full Name (Last, First, Middle Initial)
Robert Hardy
Mailing Address Diablo Valley Eye Center
112 La Casa Via Ste 260
City: Walnut Creek State: CA Zip Code: 94598-3068
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: 02 28 2001
Transaction ID: D9192D0115C380D5
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) ..... ▶

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

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

FOR LINE NUMBER: PAGE 10 / 17
(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 Hefner
Mailing Address Ste L
2210 Dean St
City: St Charles State: IL Zip Code: 60175-1059
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: 02 28 2001
Transaction ID: 0406200126C37552
Amount of Each Receipt this Period: 500.00
Receipt

**B.**
Full Name (Last, First, Middle Initial)
Elizabeth Hodapp
Mailing Address 245 E Rivo Alto Dr
City: Miami Beach State: FL Zip Code: 33139-1267
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: 02 08 2001
Transaction ID: 0406200126C37538
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial)
Paul Kremer
Mailing Address Pacific Eyecare of Bremerton
2601 Cherry Ave Ste 215
City: Bremerton State: WA Zip Code: 98310-4203
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: 02 28 2001
Transaction ID: 0406200126C37548
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) ..... ▶

24961342402

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

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

FOR LINE NUMBER: PAGE 11 / 17
(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): Richard Lee
Mailing Address: 491 30th St Ste 201
City: Oakland State: CA Zip Code: 94609-
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: 02 28 2001
Transaction ID: 0406200126C37547
Amount of Each Receipt this Period: 500.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Lambert Macias
Mailing Address: 57 West 57th Street #709
City: New York State: NY Zip Code: 10019-
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: 02 28 2001
Transaction ID: 0406200126C37563
Amount of Each Receipt this Period: 365.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Gary Pearce
Mailing Address: 101D N Mills Ave
City: Arcadia State: FL Zip Code: 34288-
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: 02 09 2001
Transaction ID: 0406200126C37523
Amount of Each Receipt this Period: 300.00
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 12 / 17
(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 Renne
Mailing Address: 454 Old St Rd Ste 204
City: Peterborough State: NH Zip Code: 03458-
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: 02 09 2001
Transaction ID: 0406200126C37535
Amount of Each Receipt this Period: 250.00
Receipt

**B.**
Full Name (Last, First, Middle Initial): Nelson Sabates
Mailing Address: Ste 210D 4321 Washington St
City: Kansas City State: MO Zip Code: 64111-5926
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: 02 28 2001
Transaction ID: 0406200126C37553
Amount of Each Receipt this Period: 300.00
Receipt

**C.**
Full Name (Last, First, Middle Initial): Kevin Tracey
Mailing Address: 645 Ridgewood Road
City: Duluth State: MN Zip Code: 55804-
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: 02 28 2001
Transaction ID: 0406200126C37557
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) ..... ▶ 7505.00

24961342404

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

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

FOR LINE NUMBER: PAGE 13 / 17
(check only one)
☐ 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)
Union Bank

Mailing Address PO Box 24512

City: San Francisco
State: CA
Zip Code: 94124-0512

FEC ID number of contributing federal political committee: C

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
18.79

Date of Receipt
02 28 2001

Transaction ID: 0417200111C37710

Amount of Each Receipt this Period
18.79

Other Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 18.79

TOTAL This Period (last page this line number only) ..... ▶ 18.79

# 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: D4062D0126E2736
Date of Disbursement: 02/02/2001
Amount of Each Disbursement this Period: 262.40

**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: D4062D0126E2734
Date of Disbursement: 02/15/2001
Amount of Each Disbursement this Period: 15533.60

**C.** Full Name (Last, First, Middle Initial)
Union Bank

Mailing Address PO Box 24512

City: San Francisco | State: CA | Zip Code: 94124-0512

Purpose of Disbursement: UB CKING ACCT EXP FEB 01

Candidate Name

Office Sought: House / Senate / President

State: District

Disbursement For: Primary / General / Other (specify)

Category/Type: UB CKING ACCT EXP FEB 01

Transaction ID: 0417200111E2755
Date of Disbursement: 02/28/2001
Amount of Each Disbursement this Period: 459.39

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **16255.39**

TOTAL This Period (last page this line number only) ..... ▶ **16255.39**

# 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 Max Baucus
Mailing Address: PO Box 586
City: Helena | State: MT | Zip Code: 59624-0586
Purpose of Disbursement: SENATE MT
Candidate Name:
Category/Type: SENATE MT
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General / Other (specify)
Transaction ID: D417200111E2754
Date of Disbursement: 02 / 09 / 2001
Amount of Each Disbursement this Period: 2500.00

**B.**
Full Name (Last, First, Middle Initial): Billy Tauzin Congressional Campaign
Mailing Address: PO Box 1407
City: Thibodaux | State: LA | Zip Code: 70302-1407
Purpose of Disbursement: HOUSE LA-3
Candidate Name:
Category/Type: HOUSE LA-3
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General / Other (specify)
Transaction ID: D408200126E2737
Date of Disbursement: 02 / 15 / 2001
Amount of Each Disbursement this Period: 5000.00

**C.**
Full Name (Last, First, Middle Initial): Kennedy For Congress
Mailing Address: 11426 County Road 13 SE
City: Watertown | State: MN | Zip Code: 55388-8239
Purpose of Disbursement: HOUSE MN-2
Candidate Name:
Category/Type: HOUSE MN-2
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General / Other (specify)
Transaction ID: D408200126E2735
Date of Disbursement: 02 / 02 / 2001
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 9500.00

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): Bill Nelson
Mailing Address: U.S. Courthouse Annex, 111 N Adams St
City: Tallahassee State: FL Zip Code: 32301-
Purpose of Disbursement: SENATE FL
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2001 X Primary General Other (specify)
Transaction ID: D8182D027E317D
Date of Disbursement: 02 / 02 / 2001
Amount of Each Disbursement this Period: 2500.00
SENATE FL

**B.**
Full Name (Last, First, Middle Initial): Committee To Re-elect Ed Towns
Mailing Address: 438 Lewis Ave
City: Brooklyn State: NY Zip Code: 11233-1726
Purpose of Disbursement: HOUSE NY 10
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2001 X Primary General Other (specify)
Transaction ID: D417200111E2753
Date of Disbursement: 02 / 09 / 2001
Amount of Each Disbursement this Period: 1000.00
HOUSE NY 10

| | |
|---|---|
| SUBTOTAL of Disbursements This Page (optional) ..... ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ..... ▶ | 13000.00 |

Form/Schedule: F3XA Audit adjustment per FEC to correct Beginning and Ending Cash on Hand. 24991342409

Transaction ID: C00195246