REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 24 12 05 PM '95

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
SAN FRANCISCO CA 94109

2. FEC IDENTIFICATION NUMBER
C00196246

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

4. TYPE OF REPORT

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

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

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

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

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 9/1/95 through 9/31/95		
6. (a) Cash on Hand January 1, 19 95		$ 254,693.44
(b) Cash on Hand at Beginning of Reporting Period	$ 234,571.27	
(c) Total Receipts (from Line 19)	$ 8,786.37	$ 233,095.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 243,357.64	$ 487,788.76
7. Total Disbursements (from Line 30)	$ 9,595.50	$ 254,026.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 233,762.14	$ 233,762.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

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

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

Type or Print Name of Treasurer
PAULA E. LENT

Signature of Treasurer
Paula E Lent Treasurer

Date
10/20/95

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

FEC FORM 3X
(revised 6/93)

9 5 0 3 0 0 5 3 4 0 9

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

(revised 1/1/91)

NAME OF COMMITTEE: AMERICAN ACADEMY OF OPHTHALMOLOGY (OPHTHPAC)

REPORT COVERING PERIOD FROM: TO:

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)	7,650.00	193,215.00	11(a)(i)
ii. Unitemized	1,000.00	38,580.00	11(a)(ii)
iii. Total (add i and ii) ➤	8,650.00	231,795.00	11(a)(iii)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	8,650.00	231,795.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	136.37	1,300.32	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	8,786.37	233,095.32	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	8,786.37	233,095.32	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)(i)
ii. Non-Federal Share	0	0	21(a)(ii)
b. Other Federal Operating Expenditures	4,845.50	19,151.62	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	4,845.50	19,151.62	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:	0	0	
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	9,595.50	254,026.62	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	9,595.50	254,026.62	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	8,650.00	231,795.00	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,650.00	231,795.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	4,845.50	19,151.62	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	4,845.50	19,151.62	37

4-00173

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Union Bank 350 California St San Francisco CA 94104	N/A Occupation N/A	9/30/95	29.44
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date > $ 274.70		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dean Witter Reynolds 167 East Second Avenue San Mateo CA 94401	N/A Occupation N/A	9/30/95	106.93
Receipt For: ☐ Primary ☐ General ☒ Other (specify):	Aggregate Year-to-Date > $ 1025.62		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	136.37
TOTAL This Period (last page this line number only)	136.37

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Contributions from Individuals Other than Political Committees
SCHEDULE A
From 09/01/95 To 09/30/95

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE	RECEIPT AMOUNT
Greenfield Donald A 2130 Millburn Avenue Maplewood NJ 07040	Self-Employed Ophthalmologist	300.00	09/01/95	300.00
Merrow Bruce E 666 Skyline Drive Jackson TN 38301	Eye Clinic Ophthalmologist	300.00	09/01/95	300.00
Nearfott Jeffrey L Suite 340 2624 Lexington Avenue Springfield OH 45505	Nearfott Eye Group, Inc Ophthalmologist	300.00	09/01/95	300.00
Schlichteneier William R 4124 Farnam Street Omaha NE 68131	Self-Employed Ophthalmologist	300.00	09/01/95	300.00
Gerald Robert E 7308 Fleming Amarillo TX 79106	SELF-EMPLOYED Physician	300.00	09/01/95	300.00
Fry Luther L 310 East Walnut Street Garden City KS 67846-5500	Self-Employed Ophthalmologist	300.00	09/01/95	300.00
Paylor Ralph 502 East New Haven Avenue Melbourne FL 32901-5427	MELBOURNE EYE ASSN Physician	300.00	09/01/95	300.00
Garber Frank W Suite 105 3350 Eagle Park Drive NE Grand Rapids MI 49505-4570	Univ of Calif L.A. Physician	300.00	09/05/95	300.00

Subtotal: 2,400.00

Contributions from Individuals Other than Political Committees
SCHEDULE A
From 09/01/95 To 09/30/95

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE RECEIPT	AMOUNT
Eller Andrew W Eye and Ear Institute 203 Lothrop Street Pittsburgh PA 15213	Univ of Pittsburgh Ophthalmologist	300.00	09/08/95	300.00
Menshar John H Virginia Mason Clin/PO Box 900 1100 Ninth Avenue Seattle WA 98111	Virginia Mason Clinc Ophthalmologist	300.00	09/11/95	300.00
Scott Timothy V Suite 201 323 North Prairie Avenue Inglewood CA 90301	SELF Ophthalmologist	300.00	09/13/95	300.00
Kretchman Graham B 1010 East McDowell Road #406 Phoenix AZ 85006	SELF-EMPLOYED Ophthalmologist	300.00	09/12/95	300.00
Pearce Gary J 1010 North Hills Avenue Arcadia FL 33821	Pearce MD-Gary J Ophthalmologist	300.00	09/15/95	300.00
Pheasant Thomas R Retina & Oculoplastic Cnslts 220 Grandview Avenue Camp Hill PA 17011	Pheasant Lanning Ass Ophthalmologist	300.00	09/15/95	300.00
Brown Addison W PO Box 1677 Mason City IA 50401	North Iowa Eye Clinic, P.C. Ophthalmologist	300.00	09/15/95	300.00
Hyman George F 2 Oakland Place Great Neck NY 11021	Self-Employed Ophthalmologist	300.00	09/15/95	300.00

Subtotal: 2,400.00

Contributions from Individuals Other than Political Committees
SCHEDULE A
From 09/01/95 To 09/30/95

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE RECEIPT	AMOUNT
Chappell Joseph J 610 Brunson Drive Tupelo MS 38801	Self-Employed Physician	300.00	09/20/95	300.00
Meador James R Suite 103 Camelback Med Plaza 5040 North 15th Avenue Phoenix AZ 85015	Self-Employed Ophthalmologist	300.00	09/20/95	300.00
Smith Brian David 710 North York Road Hinsdale IL 60521	SELF Ophthalmologist	250.00	09/20/95	250.00
Mergeland Floyd L 681 Third Avenue Chula Vista CA 92010	Eye Phys-Chula Vista Ophthalmologist	600.00	09/20/95	300.00
Muss Robert J 1613 Sylvania Avenue Toledo OH 43612	Self-Employed Physician	300.00	09/21/95	300.00
Weisenthal Robert W PO Box 48 5770 Commons Park Dewitt NY 13214-0048	Self-Employed Physician	600.00	09/22/95	300.00
Lichter Paul R W K Kellogg Eye Center 1000 Wall Street Ann Arbor MI 48105	UNIVERSITY OF MICHIG Physician	300.00	09/22/95	300.00
Silverman Bonnie S 479 Tuckahoe Road Yonkers NY 10710	SELF-EMPLOYED Ophthalmologist	300.00	09/22/95	300.00

Subtotal: 2,350.00

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Contributions from Individuals Other than Political Committees

SCHEDULE A

From 09/01/95 To 09/30/95

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE RECEIPT	AMOUNT
Brooks Stephen M Suite 301 500 South Dalaney Avenue Orlando FL 32801-3858	Florida Eye Clinic Ophthalmologist	200.00	09/29/95	200.00
Reinhart William J 11100 Euclid Avenue Cleveland OH 44106	UOI Inc Ophthalmologist	300.00	09/30/95	300.00

Subtotal: 500.00

TOTAL: 7,650.00

95030055415

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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 POLITICAL COMMITTEE (OPHTHPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Union Bank 350 California Street San Francisco CA 94104	Merchant / Bank Fees Disbursement for: Primary General Other (specify)	9/30/95	95.50
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Talmey Drake Research & Strategy Inc. 100 Arapahoe, Suite 4 Boulder, CO 80302	Political Survey See Note 1 Disbursement for: Primary General Other (specify)	9/26/95 9/08/95	9,500.00 <4,750.00>
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
	Disbursement for: Primary General Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 4,845.50

TOTAL This Period (last page this line number only) 4,845.50

4-00173

95030055416

Note 1. Depreciated value of Rhode Island's polling survey turned over to Jack Reed (D-RI) on September 8, 1995. 26 survey questions, 0 which were related to Ophthalmology. Total cost of the survey $19,000; 50% paid for By OPHTHPAC, 50% paid for by The American Hospital Association. Survey given to Ophthpac on August 18,1995. Depreciated value 50% of $9,500 or $4,750.

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10/13/95

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)
Itemized Disbursements
Contributions to Federal Candidates and Other Political Committees
Schedule B
From 09/01/95 To 09/30/95

Line Number 23

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

NAME and ADDRESS	DISBURSEMENT PURPOSE	DATE	AMOUNT
The Reed Committee PO Box 8628 Cranston RI	Senate / / RI 96 / Primary-inkind	09/08/95	4,750.00

Subtotal: 4,750.00

TOTAL: 4,750.00

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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 10/20/95
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

J.A.D.
PREPARER

10/24/95
DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 0 0 5 9 4 1 9