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

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

A.
Full Name (Last, First, Middle Initial): Hooley For Congress
Mailing Address: PO Box 2050
City: Salem State: OR Zip Code: 97309-
Purpose of Disbursement: House OR-5 General
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary X General Other (specify)
Category/Type: House OR-5 General
Date of Disbursement: 07 17 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 0819200214E3192

B.
Full Name (Last, First, Middle Initial): Friends Of Carolyn Mccarthy
Mailing Address: 151 Linden Rd
City: Mineola State: NY Zip Code: 11501-1519
Purpose of Disbursement: House NY-4 Primary
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary General Other (specify)
Category/Type: House NY-4 Primary
Date of Disbursement: 07 17 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 0819200214E3195

C.
Full Name (Last, First, Middle Initial): Friends Of Lois Capps
Mailing Address: PO Box 23940
City: Santa Barbara State: CA Zip Code: 93121-3940
Purpose of Disbursement: House CA-23 General
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary X General Other (specify)
Category/Type: House CA-23 General
Date of Disbursement: 07 17 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 0819200214E3189

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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