REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEB 4 8 57 AM '94

1. NAME OF COMMITTEE (in full) cyePAC – Political Action Committee for American Society of Cataract and Refractive Surgery

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

4000 Legato Rd., Ste. 850

CITY, STATE and ZIP CODE

Fairfax, VA 22033

2. FEC IDENTIFICATION NUMBER C00171504

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 1-1-94 through 1-31-94		
6. (a)	Cash on Hand January 1, 19 94		$258,596.32
(b)	Cash on Hand at Beginning of Reporting Period	$258,596.32	
(c)	Total Receipts (from Line 19)	$ 4,607.41	$ 4,607.41
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$263,203.73	$263,203.73
7.	Total Disbursements (from Line 30)	$ (1,460.00)	$ (1,460.00)
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$264,663.73	$264,663.73
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ .00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ .00	

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
Robert M. Sinskey, M.D.

Signature of Treasurer

Date 2-2-94

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE eyePAC - Political Action Committe for American Society of Cataract/Refractive Surgery

REPORT COVERING PERIOD FROM 1-1-94 TO: 1-31-94

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)	$4,000.00	$4,000.00
ii. Unitemized		
iii. Total (add i and ii) ➤	4,000.00	4,000.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	4,000.00	4,000.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	607.41	607.41
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17 and 18) ➤	4,607.41	4,607.41
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,607.41	4,607.41
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	(1,500.00)	(1,500.00)
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements	40.00	40.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	(1,460.00)	(1,460.00)
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	(1,460.00)	(1,460.00)
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	4,000.00	4,000.00
33. Total Contribution Refunds (from line 28d)	.00	.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,000.00	4,000.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	.00	.00
36. Offsets to Operating Expenditures (from line 15)	.00	.00
37. Net Operating Expenditures (subtract line 36 from 35) ➤	.00	.00

7 4 0 3 8 3 1 3 4 5 7

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE NUMBER

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) EYEPAC - Political Action Committee for American Society of Cataract and Refractive Surgery

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. David W. Meltzer, M.D. 8210 Walnut Hill Ln. Dallas, TX 75231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Ophthalmologist Aggregate Year-to-Date $ 100.00	01-06-94	100.00
B. Henry L. Reichert, Jr. M.D. 620 N. 9th St. Bismarck, ND 58501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Ophthalmologist Aggregate Year-to-Date $ 100.00	01-06-94	100.00
C. Gerald T. Keener, Jr. M.D. 1400 N. Ritter Ave. #276 Indianapolis, IN 46219 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Ophthalmologist Aggregate Year-to-Date $ 100.00	01-06-94	100.00
D. Joyce Cassen, MD. 850 W. Hind Dr., #212 Honolulu, HI 96821-1845 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Ophthalmologist Aggregate Year-to-Date $ 50.00	01-06-94	50.00
E. Mitchel Wong, M.D. 1009 E. 40th St. #200 Austin, TX 78751 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Ophthalmologist Aggregate Year-to-Date $ 100.00	01-06-94	100.00
F. James M. McCaffery 1400 Glencrest Terr. Glendale, CA 91208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Ophthalmologist Aggregate Year-to-Date $ 250.00	01-06-94	250.00
G. Stephen F. Sullivan, MD 540 Hawthorne St. Dartmouth, MA 02747 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Ophthalmologist Aggregate Year-to-Date $ 100.00	01-06-94	100.00

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full) EYEPAC - Political Action Committee for American Society of Cataract and Refractive Surgery

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Samuel Masket, M.D. 7230 Medical Ctr. Dr.,#204 WestHills, CA 91307 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 500.00	01-06-94	500.00
B. Carmine Bedotto, M.D. 1011 Vista Del Mar Dr. Delray Beach, FL 33483 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	01-06-94	100.00
C. George A. Clark, MD 10733 Sand Key Circle Indianapolis, IN 46256 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	01-06-94	100.00
D. Robert R. Gillett, MD 1200 Binz, #970 Houston, TX 77004 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	01-06-94	100.00
E. Roger F. Steinert, MD 83 Sandra Ln. North Andover, MA 01845-4611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	01-14-94	100.00
F. John N. Gillespie, MD 2315 Broadway St. Paducah, KY 42001-7113 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	01-14-94	100.00
G. Mrs. Harris Silverman 4007 Bayside Dr. Bradenton, FL 34210 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Aggregate Year-to-Date $ 100.00	01-14-94	100.00

SUBTOTAL of Receipts This Page (optional)	1,100.00
TOTAL This Period (last page this line number only)	

94 3 8 1 3 4 6 9

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full) EYEPAC - Political Action Committee for American Society of Cataract and Refractive Surgery

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John S. Rizzo, MD 112 Bleddyn Rd. Ardmore, PA 19003 Receipt For: Primary General Other (specify):	Se Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	01-14-94	100.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Boyd D. Myers, MD 6400 Arlington Blvd. #330 Falls Church, VA 22042 Receipt For: Primary General Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	01-14-94	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert P. Lehmann, MD 4848 NE Stallings Dr. #102 Nacogdoches, TX 75961 Receipt For: Primary General Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	01-14-94	100.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Weiss, MD 4525 Pinetree Dr. Miami Beach, FL 33140-3133 Receipt For: Primary General Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	01-24-94	100.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gary T. Povill, MD 222 East Dr. Hurley, NY 12443 Receipt For: Primary General Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	01-24-94	100.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Wm. J. Burchfield 15 Deal St. SE Concord, NC 28025 Receipt For: Primary General Other (specify):	Occupation Aggregate Year-to-Date $ 100.00	01-24-94	100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John J. Kennedy, Jr. MD 1675 Providence Ave. Schenectady, NY 12309 Receipt For: Primary General Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 500.00	01-24-94	500.00

SUBTOTAL of Receipts This Page (optional) 1,100.00

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

7 4 3 8 3 1 3 4 7 0

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
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NAME OF COMMITTEE (In Full) EYEPAC – Political Action Committee for American Society of Cataract and Refractive Surgery

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Gilbert M. O'Gawa, MD 319 Lincoln Place Petoskey, MI 49770 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	01-24-94	100.00
B. John R. Armstrong, MD 911 Sixth Ave. Ft. Worth, TX 76104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	01-31-94	100.00
C. Cameron M. Parrett, MD 1020 Vintage Ave. St. Helena, CA 94574 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	01-31-94	100.00
D. Edward P. Horst, MD 5308 Cambria Rockwall, TX 75087 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 500.00	01-31-94	500.00
E. Alan B. Marks, MD 22 Knollwood Rd. Muttontown, NY 11545-3319 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	01-31-94	100.00
F. Sanford Moretsky, MD 7461 E Northern Ave. Scottsdale, AZ 85258 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $	01-24-94	100.00
G. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	4,000.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE NUMBER

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NAME OF COMMITTEE (in Full) EYEPAC - Political Action Committee for American Society of Cataract and Refractive Surgery

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code The Moynihan Committee 21 East 40th St. #2104 New York, NY 10016	STOP PAYMENT CHECK LOST Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4-23-93	(1,000.00)
B. Full Name, Mailing Address and ZIP Code Sherrod Brown for Congress 230 3rd St. Elyria, OH 44035	STOP PAYMENT CHECK LOST Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	8-22-93	(500.00)
C. 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
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)	(1,500.00)
TOTAL This Period (last page this line number only)	

9 4 0 3 8 3 1 3 4 7 2

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 2-2-94
☐	Registered/Certified Mail	POSTMARKED
☐	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

2-24-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 4 1 3 4 7 3