REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

4000 Legato Rd., #850

CITY, STATE and ZIP CODE

Fairfax, VA 22033-4003

2. FEC IDENTIFICATION NUMBER

C00171504

3. ☐ 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:

☐ 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

5. Covering Period 2-1-93 through 2-28-93

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 19 93		$ 286,439.40
(b) Cash on Hand at Beginning of Reporting Period	$ 288,828.03	
(c) Total Receipts (from Line 19)	$ 3,790.86	$ 6,685.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 292,618.89	$ 293,124.89
7. Total Disbursements (from Line 30)	$ .00	$ 506.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 292,618.89	$ 292,618.89
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
Spencer P. Thornton, M.D.

Signature of Treasurer

Date 3-02-93

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 1/1/91)

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

(revised 1/1/91)

NAME OF COMMITTEE EYEPAC _ Political Action Committee for Amer Soc of Cataract & Refractive Surgery

REPORT COVERING PERIOD FROM 2-1-93 TO: 2-28-93

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)	2,500.00	4,675.00
ii. Unitemized		
iii. Total (add i and ii) ➤	2,500.00	4,675.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	2,500.00	4,675.00
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.)	1,290.86	2,010.49
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	3,790.86	6,685.49
20. Total Federal Receipts (subtract line 18 from line 19) ➤	3,790.86	6,685.49
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	.00	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	.00	6.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	.00	506.00
31 Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	.00	506.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	2,500.00	4,675.00
33. Total Contribution Refunds (from line 28d)	.00	.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,500.00	4,675.00
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

9 3 0 3 8 3 2 0 5 0 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
Jack T. Holladay, MD 5108 Braeburn Bellair, TX 77401	Self Ophthalmologist	2-05-93	$100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 100.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence R. Goldberg, MD 8874 Baywood Park Dr. Seminole, FL 34647-4605	Self Ophthalmologist	2-05-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 100.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James W. Long, M.D. 3480 Azalea Dr. S Salem, OR 97302-5955	Self Ophthalmologist	2-05-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 100.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James W. Welch, Jr. MD 4300 Parliament Dr. Alexandria, LA 71303	Self Ophthalmologist	2-05-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 100.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Bernstein, MD 1924 Ruin Creed Rd. #204 Henderson, NN 27536	Self Ophthalmologist	2-05-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 100.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas P. Hawk, MD 3720 Harvard Dallas, TX 75205	Self Ophthalmologist	2-05-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 100.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Herbert D. Sherbin, MD 12500 12 Mile Rd. Warren, MI 48093	Self Ophthalmologist	2-12-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 100.00		

SUBTOTAL of Receipts This Page (optional) 700.00

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

93038323510

SCHEDULE A **ITEMIZED RECEIPTS**

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

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Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Lance Olson, MD S427 Bernard St. Spokane, WA 99204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date > $ 100.00	02-12-93	100.00
B. Karen H. Tison, M.D. 11481 Plantero Dr. Sqnta Ana, CA 92705 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date > $ 100.00	02-12-93	100.00
C. Noparat S. Sujaritchan, MD 11945 S. River Rd/ Grand Rapids, OH 43522 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date > $ 200.00	02-12-93	200.00
D. Stephen P. Kelly, MD 9 Stonebrook Ct. Brownwood, TX 76801 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date > $ 100.00	02-12-93	100.00
E. 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	02-12-93	100.00
F. Stephen M. Brooks, MD 10529 Down Lakeview Cir Windermere, FL 34786 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date > $ 100.00	02-12-93	100.00
G. Hashmat Chaudhry, MD 808 Jackson St. Roanoke Rapids, NC 27870 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date > $ 100.00	02-19-93	100.00

SUBTOTAL of Receipts This Page (optional) . . . . . > 800.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Loren Schrenk 12121 Royal Valley Dr. Creve Coeur, MO 63141	Self	02-19-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter J. Embriano, M.D. 40 Hallie Lane Somers, CT 06071	Self	02-19-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Priscilla E. Perry, M.D. 2713 Oak Dr. Monroe, LA 71201	Self	02-26-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Y. Henry, M.D. 312 W Pershing Blvd North Little Rock AR 72114	Self	02-26-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. Lee Wan, M.D. 7325 Wallaby St. Ventura, CA 93003	Self	02-26-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey T. Lozier, M.D. 16330 Orchard Bend Rd. Poway, CA 92064	Self	02-26-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank J. Kresca, M.D. 3 Mayfair Ct. Champaign, IL 61821	Self	02-26-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00		

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

2 5 0 3 8 5 2 3 5 1 2

SCHEDULE A

ITEMIZED RECEIPTS

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Colin B. Arnold M.D. 7601 Timberlake Way, St 204 Sacramento CA 95823	Self	2-26-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Ophthalmologist		
	Aggregate Year-to-Date > $ 100.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gordon A. Miller, M.D. 2001 Commercial St. SE Salem, OR 97302	Self	2-26-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Ophthalmologist		
	Aggregate Year-to-Date > $ 100.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce P. Grossnickle, MD. 1206 N. Shagbark Dr. Warsaw, IN 46580	Self	2-26-93	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Ophthalmologist		
	Aggregate Year-to-Date > $ 100.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	2,500.00

93U38325013

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 3-15-93
☐	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

S.D. — PREPARER

3-1993 — DATE PREPARED

FEC FORM 70-2 (12/92)

93U38325514