01/15/2002 20 : 26

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:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	X 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 (M13)

(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 **P**ost -Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 1 0 0 1 2 0 0 1 through 1 0 3 1 2 0 0 1

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

Signature of Treasurer Electronically Filed by Carol Beatty Date 0 1 1 1 2 0 0 2

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** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 10 01 2001 To: 10 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		304048.64
(b) Cash on Hand at Begining of Reporting Period	107844.91	
(c) Total Receipts (from Line 19)	34965.10	185621.87
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	142810.01	489670.51
7. Total Disbursements (from Line 30)	45444.28	392304.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	97365.73	97365.73
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	

CA

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 800-420-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 10 01 2001 To: 10 31 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)	32964.45	
(ii) Unitemized	1875.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	34839.45	185082.08
(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 32, page 4) ..... ▶	34839.45	185082.08
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 36, page 4)	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.)	125.65	539.79
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	34965.10	185621.87
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	34965.10	185621.87

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

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	444.28	72206.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	444.28	72206.88
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	45000.00	319822.90
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	275.00
(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	275.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	45444.28	392304.78
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	45444.28	392304.78

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	34839.45	185082.06
33. Total Contribution Refunds (from Line 28(d))	0.00	275.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	34839.45	184807.06
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	444.28	72206.88
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	444.28	72206.88

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 39

[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): Nicholas Barna
Mailing Address: 1080 North Church Street
City: Hazleton State: PA Zip Code: 18201-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 24 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 1120200139C381561

B.
Full Name (Last, First, Middle Initial): Clifton Beasley
Mailing Address: 3200 Professional Bldg 1350 South Main
City: Fort Worth State: TX Zip Code: 76104-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1120200139C381662

C.
Full Name (Last, First, Middle Initial): William Benevento
Mailing Address: Eye Surgeons Associates 1351 W Central Park Ste 1200
City: Davenport State: IA Zip Code: 52804-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 24 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1120200139C381474

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1300.00**

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: (check only one) PAGE 6 / 39

[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): J Chandler Berg
Mailing Address: 500 3rd Ave, Ste 107
City: Albany State: GA Zip Code: 31701-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 1019200140C380905

B.
Full Name (Last, First, Middle Initial): Terry Bergstrom
Mailing Address: WK Kellogg Eye Cntr, 1000 Wall St Rm 649
City: Ann Arbor State: MI Zip Code: 48105-1994
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 101920014DC380936

C.
Full Name (Last, First, Middle Initial): E Fredrick Bloemker
Mailing Address: 500 W Thomas Rd
City: Phoenix State: AZ Zip Code: 85013-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 101920014DC380999

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1665.00**

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: (check only one) PAGE 7 / 39

[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): Edwin Boldrey
Mailing Address: 2512 Samaritan Ct Ste A
City: San Jose State: CA Zip Code: 95124-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1120200139C381629

B.
Full Name (Last, First, Middle Initial): Jill Brody
Mailing Address: McDonough Eye Assoc 505 E Grant St
City: Macomb State: IL Zip Code: 61455-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC38D8611

C.
Full Name (Last, First, Middle Initial): Charles Campbell
Mailing Address: 5540 Saratoga Ste #200
City: Corpus Christi State: TX Zip Code: 78413-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC3812912

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

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: (check only one) PAGE 8 / 39

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

A.
Full Name (Last, First, Middle Initial): Marion Coats
Mailing Address: 1219 East Ave S Ste 210
City: Sarasota State: FL Zip Code: 34239-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1019200140C3813613

B.
Full Name (Last, First, Middle Initial): Joel Cohen
Mailing Address: 11880 FM 1960 W
City: Houston State: TX Zip Code: 77065-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 1120200139C3816314

C.
Full Name (Last, First, Middle Initial): Mary Louise Collins
Mailing Address: Gter Balt MC Pavillion W 6569 N Charles St Ste 505
City: Baltimore State: MD Zip Code: 21204-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 1120200139C3815915

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1115.00**

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: (check only one) PAGE 9 / 39

[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): Thomas Currey
Mailing Address: 1900 Kirby Pky Ste 100B
City: Germantown State: TN Zip Code: 38138-3653
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 24 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1120200139C3814616

B.
Full Name (Last, First, Middle Initial): Thomas Deutsch
Mailing Address: 1725 W Harrison Ste 918
City: Chicago State: IL Zip Code: 60612-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 10 24 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 1120200139C3814818

C.
Full Name (Last, First, Middle Initial): Christopher Dickens
Mailing Address: 490 Post St Ste 608
City: San Francisco State: CA Zip Code: 94102-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 350.00
Receipt
Transaction ID: 101920014DC38D9419

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1215.00**

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: (check only one) PAGE 10 / 39

[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): Donald Dickerson
Mailing Address: 1908 Santa Monica Blbd Ste 3
City: Santa Monica State: CA Zip Code: 90404-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1019200140C3812820

B.
Full Name (Last, First, Middle Initial): Jeffrey Diskin
Mailing Address: 4499 Town Ctr Pkwy
City: Flint State: MI Zip Code: 48532-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 319.15
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 136.95
Receipt
Transaction ID: 1019200140C3811421

C.
Full Name (Last, First, Middle Initial): David Keith Emmel
Mailing Address: 1260 Silas Deane Hwy
City: Wethersfield State: CT Zip Code: 06109-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 24 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1120200139C3815322

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1136.95**

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: (check only one) PAGE 11 / 39

[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): Matthew Farber
Mailing Address: 7900 West Jefferson, Ste 300
City: Fort Wayne State: IN Zip Code: 46804-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 24 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 1120200139C3814224

B. Full Name (Last, First, Middle Initial): Ronald Leigh Fellman
Mailing Address: Greenville Med Tower, 7150 Greenville Ave #300
City: Dallas State: TX Zip Code: 75231-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 1120200139C3816525

C. Full Name (Last, First, Middle Initial): Ronald Foltz
Mailing Address: 1000 Fowler Way Ste 2
City: Placerville State: CA Zip Code: 95667-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 101920014DC3809526

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1730.00**

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: (check only one) PAGE 12 / 39

[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): Scott Friedman
Mailing Address: 3133 Lakeland Hills Blvd
City: Lakeland State: FL Zip Code: 33805-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 1019200140C3813327

B.
Full Name (Last, First, Middle Initial): David Friedrich
Mailing Address: North Park Eye Ctr 2051 Hamill Rd Ste 210
City: Hixson State: TN Zip Code: 37343-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1019200140C3812028

C.
Full Name (Last, First, Middle Initial): Luther Fry
Mailing Address: 310 E Walnut St Ste 101
City: Garden City State: KS Zip Code: 67846-5500
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 24 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1120200139C3815529

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1300.00**

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: (check only one) PAGE 13 / 39

[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): David Gieser
Mailing Address: Wheaton Eye Clinic, 2015 N Main St
City: Wheaton State: IL Zip Code: 60187-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 730.00
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 1120200139C3816830

B.
Full Name (Last, First, Middle Initial): Roy Goodart
Mailing Address: 4400 S 700 E Ste 200
City: Salt Lake City State: UT Zip Code: 84107-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 101920014DC3812431

C.
Full Name (Last, First, Middle Initial): Erich Bryan Gross
Mailing Address: Cornea Consultants of Nashville, 2011 Murphy Ave Ste 602
City: Nashville State: TN Zip Code: 37203-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 101920014DC3810432

SUBTOTAL of Receipts This Page (optional) ..... ▶ **2365.00**

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

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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): David Guyette
Mailing Address: 600 Main Street
City: Malden State: MA Zip Code: 02148-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1019200140C3808933

B.
Full Name (Last, First, Middle Initial): Jean Haushaer
Mailing Address: 51 E 52nd St
City: Kansas City State: MO Zip Code: 64112-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ .00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: .00
Receipt
Transaction ID: 101920014DC3811334

C.
Full Name (Last, First, Middle Initial): Jean Haushaer
Mailing Address: 51 E 52nd St
City: Kansas City State: MO Zip Code: 64112-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 437.50
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 187.50
Receipt
Transaction ID: 101920014DC3811235

SUBTOTAL of Receipts This Page (optional) ..... ▶ **687.50**

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

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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 Steven Jarstad
Mailing Address: PO Box 25020 34719 6th Ave S
City: Federal Way State: WA Zip Code: 98093-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 1120200139C3816736

B. Full Name (Last, First, Middle Initial): Michael Walker Kelly
Mailing Address: 2212 The Circle
City: Raleigh State: NC Zip Code: 27608-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC3808437

C. Full Name (Last, First, Middle Initial): Bernd Kutzscher
Mailing Address: 172 32nd Avenue
City: San Francisco State: CA Zip Code: 94121-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC3812540

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1365.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Gregory Kwasny
Mailing Address: 2300 N Mayfair Rd, Ste 103D
City: Milwaukee State: WI Zip Code: 53226-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 10 24 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 1120200139C3814541

B.
Full Name (Last, First, Middle Initial): Mark Lindsay
Mailing Address: 2725 E 29th St
City: Bryan State: TX Zip Code: 77802-2502
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 25.00
Receipt
Transaction ID: 101920014DC3807542

C.
Full Name (Last, First, Middle Initial): Linda Margulies
Mailing Address: c/o Opthalmology Dept, 150 Muir Rd
City: Martinez State: CA Zip Code: 94553-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 150.00
Receipt
Transaction ID: 101920014DC3810645

SUBTOTAL of Receipts This Page (optional) ..... ▶ **540.00**

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: (check only one) PAGE 17 / 39

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

A.
Full Name (Last, First, Middle Initial): Bobby McCullen
Mailing Address: 2325 Aberdeen Boulevard Ste A
City: Gastonia State: NC Zip Code: 28054-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1019200140C3808847

B.
Full Name (Last, First, Middle Initial): Robert McKinley
Mailing Address: Comprehensive Eye Care 5957 Cleveland Avenue
City: Columbus State: OH Zip Code: 43231-2256
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 1019200140C3811948

C.
Full Name (Last, First, Middle Initial): Mark Michels
Mailing Address: 3399 PGA Blvd Ste 220
City: Palm Beach Gardens State: FL Zip Code: 33410-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 10 24 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 1120200139C3815149

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1800.00**

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

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

A.
Full Name (Last, First, Middle Initial): William Meier
Mailing Address: Baylor College of Medicine, 6565 Fannin St NC-205
City: Houston State: TX Zip Code: 77030-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1019200140C3809850

B.
Full Name (Last, First, Middle Initial): James Nechbar
Mailing Address: Ste 11, 509 S Lenola Rd
City: Moorestown State: NJ Zip Code: 08057-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 1019200140C3812853

C.
Full Name (Last, First, Middle Initial): Steven Newman
Mailing Address: Univ Virginia HSC-Dept of Ophth, P O Box 800715
City: Charlottesville State: VA Zip Code: 22908-0715
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1120200139C3817154

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1365.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Kang Oh
Mailing Address: Oh Eye Assoc Inc — 811D Market St
City: Youngstown — State: OH — Zip Code: 44512-6243
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General — Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1120200139C3816955

B.
Full Name (Last, First, Middle Initial): Emil Michel Opremcak
Mailing Address: 340 E. Town Street — Suite 7-150
City: Columbus — State: OH — Zip Code: 43215-
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General — Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 24 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1120200139C3815256

C.
Full Name (Last, First, Middle Initial): Stephen Pflugfelder
Mailing Address: 2738 University Blvd
City: Houston — State: TX — Zip Code: 77005-3440
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General — Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 101920014DC38D9258

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1250.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Peter Pritchett
Mailing Address: 14114 Matterhorn Wy
City: Montrose State: CO Zip Code: 81401-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1120200139C3817059

B.
Full Name (Last, First, Middle Initial): Jhansi Raju
Mailing Address: 829 Heath Ln
City: Westmont State: IL Zip Code: 60559-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 101920014DC38D9760

C.
Full Name (Last, First, Middle Initial): Philip Rohrbt
Mailing Address: 4425 Metro Circle NW
City: Canton State: OH Zip Code: 44720-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 101920014DC38D9761

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1165.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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): Paul Rosenberg
Mailing Address: Ocusight Eye Care Ctr — 60 Barrett Drive Suite 100
City: Webster — State: NY — Zip Code: 14580-
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1019200140C3812762

B.
Full Name (Last, First, Middle Initial): Herman Rundle
Mailing Address: 1125 E 17th St — Ste E204
City: Santa Ana — State: CA — Zip Code: 92701-
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 101920014DC3809863

C.
Full Name (Last, First, Middle Initial): Thomas Samuelson
Mailing Address: 710 E 24th St — Ste 106
City: Minneapolis — State: MN — Zip Code: 55404-3810
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 101920014DC3811864

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1165.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A.
Full Name (Last, First, Middle Initial): Carol Shields
Mailing Address: Oncology Service/Wills Eye, 900 Walnut
City: Philadelphia State: PA Zip Code: 19107-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1019200140C3812265

B.
Full Name (Last, First, Middle Initial): Carol Shields
Mailing Address: Oncology Service/Wills Eye, 900 Walnut
City: Philadelphia State: PA Zip Code: 19107-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ .00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: .00
Receipt
Transaction ID: 101920014DC3812366

C.
Full Name (Last, First, Middle Initial): Jerry Shields
Mailing Address: Wills Eye Hosp/Oncology, 900 Walnut St
City: Philadelphia State: PA Zip Code: 19107-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC3813867

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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 Shreck
Mailing Address: 1307 South Willow
City: North Platte State: NE Zip Code: 69101-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 1019200140C3810368

B.
Full Name (Last, First, Middle Initial): David Shulman
Mailing Address: 999 East Basse Suite #127
City: San Antonio State: TX Zip Code: 78209-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ .00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: .00
Receipt
Transaction ID: 101920014DC3811169

C.
Full Name (Last, First, Middle Initial): David Shulman
Mailing Address: 999 East Basse Suite #127
City: San Antonio State: TX Zip Code: 78209-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 875.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 375.00
Receipt
Transaction ID: 101920014DC3811070

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1375.00**

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

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

A.
Full Name (Last, First, Middle Initial): David Silbert
Mailing Address: Family Eye Group, 211D Harrisburg Pike
City: Lancaster State: PA Zip Code: 17601-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 125.00
Receipt
Transaction ID: 1120200139C3816171

B.
Full Name (Last, First, Middle Initial): Lawrence Singerman
Mailing Address: Retina Associates of Cleveland, In, 3401 Enterprise Parkway Ste 31D
City: Beachwood State: OH Zip Code: 44122-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 10 24 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 1120200139C3815472

C.
Full Name (Last, First, Middle Initial): Ronald Smith
Mailing Address: Doheny Eye Institute, 1450 San Pablo Street
City: Los Angeles State: CA Zip Code: 90033-4862
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 101920014DC3809174

SUBTOTAL of Receipts This Page (optional) ..... ▶ **790.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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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): Brad Stuckenschneider
Mailing Address: 686 Lesber St
City: Poplar Bluff State: MO Zip Code: 63901-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1019200140C3808375

B.
Full Name (Last, First, Middle Initial): Shigemi Sugiki
Mailing Address: 1380 Lusitana St Ste 714
City: Honolulu State: HI Zip Code: 96813-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 750.00
Receipt
Transaction ID: 1019200140C3812176

C.
Full Name (Last, First, Middle Initial): William Tasman
Mailing Address: Wills Eye Hosp 900 Walnut St
City: Philadelphia State: PA Zip Code: 19107-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 10 24 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 1120200139C3814377

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1615.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Lyle Thorstenson
Mailing Address: P.O. Box 632020
City: Nacogdoches State: TX Zip Code: 75963-2020
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 1019200140C3810978

B.
Full Name (Last, First, Middle Initial): Morris Tilden
Mailing Address: 2155 Westlake Dr
City: Longmont State: CO Zip Code: 80503-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 25 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 1120200139C3816479

C.
Full Name (Last, First, Middle Initial): Gary Tylock
Mailing Address: 3100 North MacArthur Boulevard
City: Irving State: TX Zip Code: 75062-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC38D8580

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1750.00**

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: (check only one) PAGE 27 / 39

[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): David Ugland
Mailing Address: 135 S Sharon Amity Rd 10D
City: Charlotte State: NC Zip Code: 28211-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 1019200140C3810181

B.
Full Name (Last, First, Middle Initial): Joseph Walsh
Mailing Address: NY Eye & Ear Infirmary 310 E 14th St
City: New York State: NY Zip Code: 10003-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC3807882

C.
Full Name (Last, First, Middle Initial): Martin Wand
Mailing Address: Ste 522 85 Seymour St
City: Hartford State: CT Zip Code: 06106-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC3811783

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1365.00**

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: (check only one) PAGE 28 / 39

[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): Floyd Warren
Mailing Address: 530 First Ave Ste 3-B
City: New York State: NY Zip Code: 10016-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 1019200140C3813484

B.
Full Name (Last, First, Middle Initial): Jeffrey Whitman
Mailing Address: 2801 Lemmon Ave Ste# 400
City: Dallas State: TX Zip Code: 75204-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 101920014DC3813085

C.
Full Name (Last, First, Middle Initial): CP Wilkinson
Mailing Address: Greater Baltimore MC/Ste 505 6569 N Charles St
City: Baltimore State: MD Zip Code: 21204-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 875.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 375.00
Receipt
Transaction ID: 101920014DC3810886

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1105.00**

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

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

A.
Full Name (Last, First, Middle Initial): George Williams
Mailing Address: 632 William Beaumont Med Bldg 3535 West 13 Mile Road
City: Royal Oak State: MI Zip Code: 48073-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 1019200140C3813587

B.
Full Name (Last, First, Middle Initial): Robert Wing
Mailing Address: 415 Medical Dr Ste C-201
City: Bountiful State: UT Zip Code: 84010-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 10 01 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 1019200140C3810588

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1300.00**

TOTAL This Period (last page this line number only) ..... ▶ **32964.45**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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☐ 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.

Name of Employer

Occupation

Receipt For:
Primary X General
Other (specify) ▼

Aggregate Year-to-Date ▼
539.79

Date of Receipt
10 31 2001

Amount of Each Receipt this Period
125.65

Other Receipt

Transaction ID: 1120200139C38221

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	**125.65**
TOTAL This Period (last page this line number only)	▶	**125.65**

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

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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

Purpose of Disbursement
UB cking acct exp Oct 01

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
10 31 2001

Amount of Each Disbursement this Period
444.28

UB cking acct exp Oct 01

Transaction ID: 112020014DE2809

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	444.28
TOTAL This Period (last page this line number only) ..... ▶	444.28

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): Becerra For Congress
Mailing Address: Po Box 261060
City: Los Angeles State: CA Zip Code: 90026-0876
Purpose of Disbursement: House-CA 30
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary General / Other (specify)
Category/Type: House-CA 30
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 112020014DE2908

B.
Full Name (Last, First, Middle Initial): Friends of Roy Blunt
Mailing Address: PO Box 278
City: Strafford State: MO Zip Code: 65757-
Purpose of Disbursement: House-MO 7
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary General / Other (specify)
Category/Type: House-MO 7
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 2000.00
Transaction ID: 112020014DE2907

C.
Full Name (Last, First, Middle Initial): Friends of Duke Cunningham
Mailing Address: 4710 Fourth St, #100
City: Escondido State: CA Zip Code: 91941-
Purpose of Disbursement: House-CA 51
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary General / Other (specify)
Category/Type: House-CA 51
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 112020014DE2905

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

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

A. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address
430 S Capitol St Se

City: Washington | State: DC | Zip Code: 20003-4024

Purpose of Disbursement
Committee Contribution

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / X General / Other (specify)

Date of Disbursement: 10 31 2001

Amount of Each Disbursement this Period: 5000.00

Category/Type: Committee Contribution

Transaction ID: 112020014DE2888

B. Full Name (Last, First, Middle Initial)
Ehrlich For Congress Committee

Mailing Address
1301 York Rd Ste 705

City: Lutherville | State: MD | Zip Code: 21093-6010

Purpose of Disbursement
House-MD 2

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 10 31 2001

Amount of Each Disbursement this Period: 1000.00

Category/Type: House-MD 2

Transaction ID: 112020014DE2904

C. Full Name (Last, First, Middle Initial)
Fletcher For Congress

Mailing Address
Po Box 4703

City: Lexington | State: KY | Zip Code: 40544-4703

Purpose of Disbursement
House-KY 6

Candidate Name

Office Sought: House / Senate / President

State: District:

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 10 31 2001

Amount of Each Disbursement this Period: 2500.00

Category/Type: House-KY 6

Transaction ID: 112020014DE2902

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8500.00**

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)
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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 Blanche Lincoln
Mailing Address: Po Box 3197
City: Little Rock State: AR Zip Code: 72203-3197
Purpose of Disbursement: Senate-AR
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Category/Type: Senate-AR
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 2000.00
Transaction ID: 112020014DE2897

B.
Full Name (Last, First, Middle Initial): Friends Of Jane Harman
Mailing Address: PO Box 96
City: Torrance State: CA Zip Code: 90507-
Purpose of Disbursement: House-CA 36
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Category/Type: House-CA 36
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 2000.00
Transaction ID: 112020014DE2900

C.
Full Name (Last, First, Middle Initial): Friends Of Jim Mcdermott
Mailing Address: Po Box 21786
City: Seattle State: WA Zip Code: 98111-3786
Purpose of Disbursement: House-WA 7
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Category/Type: House-WA 7
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 2000.00
Transaction ID: 112020014DE2895

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

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)
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☐ 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)
Friends Of Joe Pitts

Mailing Address
PO Box 775
City: Unionville State: PA Zip Code: 19375-

Purpose of Disbursement
House-PA 16

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 10 / 31 / 2001

Amount of Each Disbursement this Period: 1000.00

Category/Type: House-PA 16

Transaction ID: 112020014DE2893

B.
Full Name (Last, First, Middle Initial)
Friends Of Mark Foley For Congress

Mailing Address
1316 Lake Victoria Dr
City: Lake Worth State: FL Zip Code: 33461-

Purpose of Disbursement
House-FL 16

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / X General / Other (specify)

Date of Disbursement: 10 / 31 / 2001

Amount of Each Disbursement this Period: 2500.00

Category/Type: House-FL 16

Transaction ID: 112020014DE2901

C.
Full Name (Last, First, Middle Initial)
Gerald C Jerry Weller For Congress

Mailing Address
PO Box 15283
City: Washington State: DC Zip Code: 20003-

Purpose of Disbursement
House-IL 11

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement: 10 / 31 / 2001

Amount of Each Disbursement this Period: 1000.00

Category/Type: House-IL 11

Transaction ID: 112020014DE2889

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4500.00**

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)
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☐ 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)
Mike Hathorn For Congress Committee

Mailing Address
PO Box 4055 321 W Center St
City: Fayetteville State: AR Zip Code: 72702-

Purpose of Disbursement
House-AR 3

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / X Other (specify) ▼
SPECIAL

Category/Type: House-AR 3

Date of Disbursement: 10 / 31 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 112020014DE2B08

B. Full Name (Last, First, Middle Initial)
John Lewis For Congress

Mailing Address
Po Box 2323
City: Atlanta State: GA Zip Code: 30301-2323

Purpose of Disbursement
House-GA 5

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary / General / Other (specify) ▼

Category/Type: House-GA 5

Date of Disbursement: 10 / 31 / 2001

Amount of Each Disbursement this Period: 2000.00

Transaction ID: 112020014DE2B96

C. Full Name (Last, First, Middle Initial)
Friends of Jerry Kleczka

Mailing Address
3150A S 12th St
City: Milwaukee State: WI Zip Code: 53215-

Purpose of Disbursement
House-WI 4

Candidate Name

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary / General / Other (specify) ▼

Category/Type: House-WI 4

Date of Disbursement: 10 / 31 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 112020014DE2B98

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4000.00**

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

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

A.
Full Name (Last, First, Middle Initial): Pallone For Congress
Mailing Address: Po Box 3176
City: Long Branch State: NJ Zip Code: 07740-3176
Purpose of Disbursement: House-NJ 6
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary X General Other (specify)
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 1000.00
Category/Type: House-NJ 6
Transaction ID: 112020014DE2894

B.
Full Name (Last, First, Middle Initial): People For English
Mailing Address: Po Box 1940
City: Erie State: PA Zip Code: 16507-0940
Purpose of Disbursement: House-PA 21
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary General Other (specify)
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 1000.00
Category/Type: House-PA 21
Transaction ID: 112020014DE2903

C.
Full Name (Last, First, Middle Initial): Republican National Committee
Mailing Address: 310-1st Street Se
City: Washington State: DC Zip Code: 20003-
Purpose of Disbursement: Committee Contribution
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary X General Other (specify)
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 10000.00
Category/Type: Committee Contribution
Transaction ID: 112020014DE2887

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **12000.00**

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

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

A.
Full Name (Last, First, Middle Initial): Ryan For Congress
Mailing Address: Po Box 1919
City: Janesville State: WI Zip Code: 53547-1919
Purpose of Disbursement: House-WI 1
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary General / Other (specify)
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 1000.00
Category/Type: House-WI 1
Transaction ID: 112020014DE2B92

B.
Full Name (Last, First, Middle Initial): Ted Strickland For Congress
Mailing Address: Po Box 580
City: Lucasville State: OH Zip Code: 45648-0580
Purpose of Disbursement: House-OH 6
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary General / Other (specify)
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 2000.00
Category/Type: House-OH 6
Transaction ID: 112020014DE2B91

C.
Full Name (Last, First, Middle Initial): Tim Johnson For South Dakota Inc
Mailing Address: PO Box 1859
City: Sioux Falls State: SD Zip Code: 57101-
Purpose of Disbursement: Senate-SD
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary General / Other (specify)
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 2000.00
Category/Type: Senate-SD
Transaction ID: 112020014DE2B99

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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

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

A.

Full Name (Last, First, Middle Initial)
Upton For All Of Us

Mailing Address
Po Box 490

City: Saint Joseph
State: MI
Zip Code: 49085-0490

Purpose of Disbursement
House-MI 6

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary General / Other (specify)

Date of Disbursement
10 31 2001

Amount of Each Disbursement this Period
1000.00

House-MI 6

Transaction ID: 112020014DE2B90

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**1000.00**
TOTAL This Period (last page this line number only) ..... ▶	**45000.00**