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** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00196246

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)	X Aug 20 (M8)	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 (YE)

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

Election on — in the State of

5. Covering Period 07 01 2001 through 07 31 2001

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, Treasurer

Signature of Treasurer: Electronically Filed by Carol Beatty, Treasurer — Date 05 14 2004

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
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From: 07 01 2001 To: 07 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		308048.15
(b) Cash on Hand at Begining of Reporting Period	130815.68	
(c) Total Receipts (from Line 19)	3916.16	129292.03
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	134731.84	437340.18
7. Total Disbursements (from Line 31)	2528.99	305137.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	132202.85	132202.85
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	

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 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 07 01 2001 To: 07 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)	3420.00	
(ii) Unitemized	450.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	3870.00	129123.43
(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 33, page 5) ..... ▶	3870.00	129123.43
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 37, page 5)	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.)	46.16	168.60
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3916.16	129292.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3916.16	129292.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	28.99	71487.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	28.99	71487.33
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	2500.00	233500.00
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	150.00
(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	150.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2528.99	305137.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	2528.99	305137.33

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3870.00	129123.43
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3870.00	128973.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	28.99	71467.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	28.99	71467.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 12
(check only one)
[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)
Gary Brown
Mailing Address 910 E. Willow Grove Avenue
City: Wyndmoor State: PA Zip Code: 19038-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 07 19 2001
Transaction ID: 0817200152C37975
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Melissa Brown
Mailing Address 1107 Bethlehem Pike
Suite 210
City: Flourtown State: PA Zip Code: 19031-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 07 19 2001
Transaction ID: 0817200152C37974
Amount of Each Receipt this Period: 1000.00
Receipt

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: 21204-5809
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 19 2001
Transaction ID: 0817200152C37984
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2250.00

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: PAGE 7 / 12
(check only one)
[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): William Kean
Mailing Address: 1925 W Broadway
City: Louisville State: KY Zip Code: 40203-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 07 19 2001
Transaction ID: 0817200152C37979
Amount of Each Receipt this Period: 120.00
Receipt

B.
Full Name (Last, First, Middle Initial): Paul Lichter
Mailing Address: Univ of Michigan - Kellogg Eye Cnt
1000 Wall St
City: Ann Arbor State: MI Zip Code: 48105-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 07 19 2001
Transaction ID: 0817200152C37978
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): Richard Shugarman
Mailing Address: Apt 1001
400 N Flagler Dr
City: West Palm Beach State: FL Zip Code: 33401-4302
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 625.00
Date of Receipt: 07 19 2001
Transaction ID: 0817200152C37987
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 545.00

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: PAGE 8 / 12
(check only one)
[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 Silbert
Mailing Address: Family Eye Group, 2110 Harrisburg Pike
City: Lancaster | State: PA | Zip Code: 17601-
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 07 19 2001
Transaction ID: 0817200152C37982
Amount of Each Receipt this Period: 125.00
Receipt

B.
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: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 19 2001
Transaction ID: 0817200152C37980
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Thomas Whitaker
Mailing Address: 900 Med Cir
City: Myrtle Beach | State: SC | Zip Code: 29572-4114
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 19 2001
Transaction ID: 0817200152C37986
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 625.00

TOTAL This Period (last page this line number only) ..... ▶ 3420.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 12
(check only one)
☐ 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: C

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
168.60

Date of Receipt
07 31 2001

Transaction ID: 0617200152C37989

Amount of Each Receipt this Period
46.16

Other Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 46.16

TOTAL This Period (last page this line number only) ..... ▶ 46.16

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	[ ] 30b	

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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 JUL 01

Candidate Name

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Category/Type

Transaction ID: D8172D0152E2857
Date of Disbursement
07 / 31 / 2001

Amount of Each Disbursement this Period
28.99

UB CKING ACCT EXP JUL 01

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 28.99

TOTAL This Period (last page this line number only) ..... ▶ 28.99

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	☐ 30b

PAGE 11 / 12

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

A. Full Name (Last, First, Middle Initial)
Hastert For Congress Committee

Mailing Address PO Box 625

City: Batavia
State: IL
Zip Code: 60510-0625

Purpose of Disbursement
HOUSE-IL 14

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2001
X Primary General
Other (specify)

Transaction ID: D8172D0152E2856
Date of Disbursement
07 / 24 / 2001

Amount of Each Disbursement this Period
2500.00

HOUSE-IL 14

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 2500.00

TOTAL This Period (last page this line number only) ..... ▶ 2500.00

Form/Schedule: F3XA Audit adjustment per FEC to correct Beginning and Ending Cash on Hand.
Transaction ID: C00195246