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** ▼ — 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)	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)	X Oct 20 (M10)	Jan 31 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) — General (12G) — Runoff (12R) — Convention (12C) — Special (12S)

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 09 01 2001 through 09 30 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

Signature of Treasurer Electronically Filed by Carol Beatty — Date 01 11 2002

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: 09 01 2001 To: 09 30 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	89276.76	
(c) Total Receipts (from Line 19)	18904.16	150656.77
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	108180.92	454705.41
7. Total Disbursements (from Line 30)	336.01	346860.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	107844.91	107844.91
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: 09 01 2001 To: 09 30 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)	17381.00	
(ii) Unitemized	1407.20	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	18788.20	150242.63
(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) ..... ▶	18788.20	150242.63
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.)	115.96	414.14
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) ..... ▶	18904.16	150656.77
20. Total Federal Receipts (subtract Line 16 from Line 19) ..... ▶	18904.16	150656.77

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	211.01	71762.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	211.01	71762.60
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	274822.90
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	125.00	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)) ▶	125.00	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) ▶	336.01	346860.50
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	336.01	346860.50

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	18788.20	150242.63
33. Total Contribution Refunds (from Line 28(d))	125.00	275.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	18663.20	149967.63
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	211.01	71762.60
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	211.01	71762.60

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 / 23

[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): Albert Biglan
Mailing Address: Two Landmark North Ste 300 — 20397 Rt 19 North
City: Cranberry Township — State: PA — Zip Code: 16066-
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General — Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00
Date of Receipt: 09 24 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 1019200140C380391

B.
Full Name (Last, First, Middle Initial): Steven Bodine
Mailing Address: Retina Consultations — 915 Palmer Road
City: Bronxville — State: NY — Zip Code: 10708-
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: physician
Receipt For: Primary General — Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt: 09 24 2001
Amount of Each Receipt this Period: 700.00
Receipt
Transaction ID: 101920014DC38D432

C.
Full Name (Last, First, Middle Initial): Carol Boomer
Mailing Address: 234 Marlborough St
City: Boston — State: MA — Zip Code: 02116-
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: 09 25 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC38D673

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1450.00**

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 / 23

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

A.
Full Name (Last, First, Middle Initial): Daniel James Briceland
Mailing Address: 13949 West Meeker Blvd
City: Sun City West State: AZ Zip Code: 85375-
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: 09 25 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 1019200140C380594

B.
Full Name (Last, First, Middle Initial): Loren Cook
Mailing Address: UT Valley Phys Plaza Ste 204 1055 N 300 West
City: Provo State: UT Zip Code: 84604-
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: 09 25 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 101920014DC38D708

C.
Full Name (Last, First, Middle Initial): Frank Cotter
Mailing Address: Vistar Eye Center PO Box 1789
City: Roanoke State: VA Zip Code: 24006-1789
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: 09 13 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC38D149

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1050.00**

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): Richard Davenport
Mailing Address: 2424 South 90th Street Ste 204
City: West Allis State: WI Zip Code: 53227-
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: 09 25 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 1019200140C3807210

B.
Full Name (Last, First, Middle Initial): Rafael Gallardo
Mailing Address: PO Box 362158
City: San Juan State: PR Zip Code: 00936-2158
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: 09 13 2001
Amount of Each Receipt this Period: 125.00
Receipt
Transaction ID: 101920014DC38D2513

C.
Full Name (Last, First, Middle Initial): Sanjay Goel
Mailing Address: 5824 Wild Orange Gate
City: Columbia State: MD Zip Code: 21029-1656
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: 09 25 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 101920014DC38D6114

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

A.
Full Name (Last, First, Middle Initial): John Haley
Mailing Address: Garland Ophthalmology Center, 1626 Forest Ln Ste B
City: Garland State: TX Zip Code: 75042-7807
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt: 09 25 2001
Amount of Each Receipt this Period: 700.00
Receipt
Transaction ID: 1019200140C3806915

B.
Full Name (Last, First, Middle Initial): Frank Hennah
Mailing Address: Eye Surgery Center, 1622 E Marion St
City: Shelby State: NC Zip Code: 28150-
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: 09 25 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC38D6016

C.
Full Name (Last, First, Middle Initial): Walter Hertel
Mailing Address: Southern Ohio Medical Park, 89 Sylvania
City: Dayton State: OH Zip Code: 45440-
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: 09 24 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 101920014DC38D5117

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1565.00**

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 / 23

[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): Jean Housheer
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 ▼ 250.00
Date of Receipt: 09 13 2001
Amount of Each Receipt this Period: 125.00
Receipt
Transaction ID: 1019200140C3801818

B.
Full Name (Last, First, Middle Initial): Bruce Hyman
Mailing Address: 133 E 64th St
City: New York State: NY Zip Code: 10021-
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: 09 17 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 101920014DC3803719

C.
Full Name (Last, First, Middle Initial): Edward Isbey
Mailing Address: 8 Medical Park Dr
City: Asheville State: NC Zip Code: 28803-2493
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: 09 24 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 101920014DC3804420

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1425.00**

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 / 23

[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): Allan Jensen
Mailing Address: Ste 426 200 E 33rd St
City: Baltimore State: MD Zip Code: 21218-
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: 09 17 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1019200140C3803321

B.
Full Name (Last, First, Middle Initial): Eric Johnson
Mailing Address: 286 Warren Street
City: Brookline State: MA Zip Code: 02445-5927
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 25 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC3807322

C.
Full Name (Last, First, Middle Initial): John Kennedy
Mailing Address: 1675 Providence Ave
City: Schenectady State: NY Zip Code: 12309-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 09 24 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC3804623

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

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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): Louis Lobes
Mailing Address: 3501 Forbes Ave, Ste 500
City: Pittsburgh State: PA Zip Code: 15213-
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: 09 13 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 1019200140C3801525

B.
Full Name (Last, First, Middle Initial): David Loewy
Mailing Address: 407 Ave K SE
City: Winter Haven State: FL Zip Code: 33880-
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: 09 25 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 101920014DC38D6426

C.
Full Name (Last, First, Middle Initial): Robert Lytle
Mailing Address: Fourth Fl 100 Charles River Plaza
City: Boston State: MA Zip Code: 02114-
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: 09 13 2001
Amount of Each Receipt this Period: 125.00
Receipt
Transaction ID: 101920014DC38D1927

SUBTOTAL of Receipts This Page (optional) ..... ▶ **740.00**

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): Stephen Magie
Mailing Address: 9800 Lile Dr, Ste 501
City: Little Rock | State: AR | Zip Code: 72205-
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: 09 25 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 1019200140C3807128

B.
Full Name (Last, First, Middle Initial): Mark Christophe Maria
Mailing Address: 150 Quail Lane
City: Lebanon | State: PA | Zip Code: 17042-9403
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: 09 13 2001
Amount of Each Receipt this Period: 375.00
Receipt
Transaction ID: 101920014DC38D1329

C.
Full Name (Last, First, Middle Initial): Mark Christophe Maria
Mailing Address: 150 Quail Lane
City: Lebanon | State: PA | Zip Code: 17042-9403
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 625.00
Date of Receipt: 09 13 2001
Amount of Each Receipt this Period: 125.00
Receipt
Transaction ID: 101920014DC38D2330

SUBTOTAL of Receipts This Page (optional) ..... ▶ **865.00**

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 / 23

[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 Meheles
Mailing Address: Medical College Of Ohio — Division of Ophthalmology
City: Toledo — State: OH — Zip Code: 43614-
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: 09 24 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 1019200140C3805232

B. Full Name (Last, First, Middle Initial): Emanuel Newmark
Mailing Address: 1920 Palm Beach Lakes Blvd — Ste 215
City: West Palm Beach — State: FL — Zip Code: 33409-
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: 09 25 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC38D5835

C. Full Name (Last, First, Middle Initial): Louis Niehenin
Mailing Address: 103 Jefferson St
City: Brookville — State: PA — Zip Code: 15825-
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: 09 17 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC38D3636

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 14 / 23

[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 Pao
Mailing Address: 1D18 St Rd, Ste 201
City: Southampton State: PA Zip Code: 18966-
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: 09 13 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1019200140C3800837

B.
Full Name (Last, First, Middle Initial): Charles Peter
Mailing Address: 656 W Market St
City: Akron State: OH Zip Code: 44303-
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: 09 17 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC38D3438

C.
Full Name (Last, First, Middle Initial): John Rowda
Mailing Address: West Coast Eye Institute Lecanto, 240 N Lecanto Hwy
City: Lecanto State: FL Zip Code: 34461-
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: 09 24 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC38D5540

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 15 / 23

[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): Alan Schein
Mailing Address: Schein Ernst Eye Assoc, 2509 N Front St
City: Harrisburg State: PA Zip Code: 17110-1111
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: 09 24 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 1019200140C3805041

B.
Full Name (Last, First, Middle Initial): Bruce Segal
Mailing Address: #302, 5258 Linton Boulevard
City: Delray Beach State: FL Zip Code: 33484-
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: 09 24 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 101920014DC38D4542

C.
Full Name (Last, First, Middle Initial): John Shore
Mailing Address: Texas Oculoplastic Consultants, 3705 Med Pky Ste 120
City: Austin State: TX Zip Code: 78705-
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: 09 25 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 101920014DC38D2143

SUBTOTAL of Receipts This Page (optional) ..... ▶ **915.00**

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 16 / 23

[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): Howard Short
Mailing Address: 1351 Jefferson St, Ste 110
City: Washington State: MO Zip Code: 63090-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 291.00
Date of Receipt: 09 25 2001
Amount of Each Receipt this Period: 291.00
Receipt
Transaction ID: 1019200140C3805744

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 ▼ 500.00
Date of Receipt: 09 13 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 101920014DC38D1745

C.
Full Name (Last, First, Middle Initial): Robert Spurry
Mailing Address: St Lukes Hosp/Suite 502, 525 N 18th St
City: Phoenix State: AZ Zip Code: 85006-
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: 09 24 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC38D4046

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1041.00**

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 / 23

[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): Roger Steinert
Mailing Address: Ophthalmic Consultants, 50 Staniford St Ste 600
City: Boston State: MA Zip Code: 02114-
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: 09 25 2001
Amount of Each Receipt this Period: .00
Receipt
Transaction ID: 1019200140C3806247

B.
Full Name (Last, First, Middle Initial): Roger Steinert
Mailing Address: Ophthalmic Consultants, 50 Staniford St Ste 600
City: Boston State: MA Zip Code: 02114-
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: 09 25 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC38D6348

C.
Full Name (Last, First, Middle Initial): James Swartley
Mailing Address: 222 N 2nd St Ste 215
City: Boise State: ID Zip Code: 83702-
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: 09 24 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 101920014DC38D4251

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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 18 / 23

[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): James Swanley
Mailing Address: 222 N 2nd St Ste 215
City: Boise State: ID Zip Code: 83702-
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: 09 24 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 1019200140C3804152

B.
Full Name (Last, First, Middle Initial): Sam Unterichl
Mailing Address: 23 Erick Ave
City: Hewlett State: NY Zip Code: 11557-
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: 09 13 2001
Amount of Each Receipt this Period: 125.00
Receipt
Transaction ID: 101920014DC38D2453

C.
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 ▼ 500.00
Date of Receipt: 09 24 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 101920014DC38D5454

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1125.00**

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 19 / 23

[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): Barry Welch
Mailing Address: 721 Sheridan Ave Ste 280
City: Cody State: WY Zip Code: 82414-
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: 09 25 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 1019200140C3806655

B.
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 ▼ 500.00
Date of Receipt: 09 13 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 1019200140C3802256

C.
Full Name (Last, First, Middle Initial): L Brent Wilshire
Mailing Address: Office Park Eye Ctr 6 Office Park Dr
City: Jacksonville State: NC Zip Code: 28546-
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: 09 25 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 1019200140C3806857

SUBTOTAL of Receipts This Page (optional) ..... ▶ **865.00**

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)

[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)
James J Wong

Mailing Address
102 East Avenue

City: Norwalk
State: CT
Zip Code: 06851-

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
09 17 2001

Amount of Each Receipt this Period
500.00

Receipt

Transaction ID: 1019200140C3803158

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	**500.00**
TOTAL This Period (last page this line number only)	▶	**17381.00**

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 21 / 23

☐ 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 ▼
414.14

Date of Receipt
09 30 2001

Amount of Each Receipt this Period
115.96

Other Receipt

Transaction ID: 1019200140C38139

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	**115.96**
TOTAL This Period (last page this line number only)	▶	**115.96**

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 Sep 01

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
09 30 2001

Amount of Each Disbursement this Period
211.01

UB cking acct exp Sep 01

Transaction ID: 101920014DE2B83

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**211.01**
TOTAL This Period (last page this line number only) ..... ▶	**211.01**

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)
Committee To Preserve Capitalism

Mailing Address
Po Box 22614
City: Alexandria State: VA Zip Code: 22304-9261

Purpose of Disbursement
Leadership PAC contribution

Candidate Name

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

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

Date of Disbursement: 09 / 18 / 2001

Amount of Each Disbursement this Period: 1000.00

Category/Type: Leadership PAC contribution

Transaction ID: 101920014DE2B82

B.
Full Name (Last, First, Middle Initial)
Mccrery For Congress Comm

Mailing Address
1900 Deposit Guarantee Tower 333 Texas St
City: Shreveport State: LA Zip Code: 71101-

Purpose of Disbursement
voided ck. orig rptd 8/31/01

Candidate Name

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

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

Date of Disbursement: 09 / 17 / 2001

Amount of Each Disbursement this Period: -3000.00

Category/Type: voided ck, orig rptd 8/31-/01

Transaction ID: 101920014DE2B80

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

Mailing Address
1900 Deposit Guarantee Tower 333 Texas St
City: Shreveport State: LA Zip Code: 71101-

Purpose of Disbursement
HOUSE - LA 4

Candidate Name

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

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

Date of Disbursement: 09 / 18 / 2001

Amount of Each Disbursement this Period: 2000.00

Category/Type: HOUSE - LA 4

Transaction ID: 101920014DE2B81

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 0.00

TOTAL This Period (last page this line number only) ..... ▶ 0.00