05/13/2002 12 : 35

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)
X 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 (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 03 01 2001 through 03 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

Signature of Treasurer Electronically Filed by Carol Beatty — Date 04 23 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: 03 01 2001 To: 03 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		294648.65
(b) Cash on Hand at Begining of Reporting Period	298306.04	
(c) Total Receipts (from Line 19)	11031.42	74962.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	309337.46	369610.93
7. Total Disbursements (from Line 30)	49534.54	109808.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	259802.92	259802.92
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 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Revised 1/2001)

Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 03 01 2001 To: 03 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)	8242.50	
(ii) Unitemized	2746.66	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	10989.16	74901.23
(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) ..... ▶	10989.16	74901.23
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.)	42.26	61.05
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) ..... ▶	11031.42	74962.28
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	11031.42	74962.28

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	534.54	27658.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	534.54	27658.01
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	49000.00	82000.00
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. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	49534.54	109808.01
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	49534.54	109808.01
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	10989.16	74901.23
33. Total Contribution Refunds (from Line 28(d))	0.00	150.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	10989.16	74751.23
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	534.54	27658.01
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	534.54	27658.01

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 / 21

[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): Bruce Cameron
Mailing Address: TLC Northwest Eye — 10330 Meridian Ave North Ste 370
City: Seattle — State: WA — Zip Code: 98133-
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: 03 20 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0406200126C375886

B.
Full Name (Last, First, Middle Initial): Ronald Peter Denis
Mailing Address: IUMC/Dept Ophthalmology — 702 Rotary Circle
City: Indianapolis — State: IN — Zip Code: 46202-2175
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: 03 20 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0406200126C3758910

C.
Full Name (Last, First, Middle Initial): Robert Dunderdill
Mailing Address: Retina Consultants — PO Box 3970
City: Charleston — State: WV — Zip Code: 25339-3970
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: 03 20 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0406200126C3756511

SUBTOTAL of Receipts This Page (optional) ..... ▶ **900.00**

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 / 21

[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): Russell Edwin
Mailing Address: 1300 28th St S
City: Great Falls | State: MT | Zip Code: 59405-5296
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: 03 20 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0406200126C3757113

B.
Full Name (Last, First, Middle Initial): R Lowell Hardcastle
Mailing Address: 1000 W Kings Hwy | Ste 5
City: Paragould | State: AR | Zip Code: 72450-4197
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: 03 28 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0406200126C3759118

C.
Full Name (Last, First, Middle Initial): Veronique Jotterand
Mailing Address: #109 | 2865 Atlantic Avenue
City: Long Beach | State: CA | Zip Code: 90806-1711
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: 03 30 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0417200111C3762020

SUBTOTAL of Receipts This Page (optional) ..... ▶ **965.00**

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 / 21

[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): Lawrence Kahn
Mailing Address: 5881 E Sapphire Ln
City: Paradise Valley State: AZ Zip Code: 85253-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 03 20 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 04062001260C3756921

B.
Full Name (Last, First, Middle Initial): Stephen Kamenetzky
Mailing Address: 340 New Salem Dr
City: Saint Louis State: MO Zip Code: 63141-
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: 03 20 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 04062001260C3757523

C.
Full Name (Last, First, Middle Initial): James Kiley
Mailing Address: 3320 Executive Dr Ste 111
City: Raleigh State: NC Zip Code: 27609-
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: 03 20 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 04062001260C3757324

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

FOR LINE NUMBER: (check only one) PAGE 8 / 21

[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 Kinyoun
Mailing Address: Ophth Univ of WA, Box 356485
City: Seattle State: WA Zip Code: 98195-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0417200111C3762525

B.
Full Name (Last, First, Middle Initial): Joel Kraut
Mailing Address: 16 Webster St
City: Brookline State: MA Zip Code: 02446-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 03 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0417200111C3762627

C.
Full Name (Last, First, Middle Initial): Kathleen Lamping
Mailing Address: 1611 S Green Rd Ste 306A
City: South Euclid State: OH Zip Code: 44121-
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: 03 30 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 0417200111C3762328

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1600.00**

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 / 21

[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): Eric Paul Lohse
Mailing Address: 301 N Eigth St
City: Springfield State: IL Zip Code: 62701-
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: 03 20 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0406200126C3758532

B.
Full Name (Last, First, Middle Initial): John McDermott
Mailing Address: 655 E Foothill Blvd
City: Claremont State: CA Zip Code: 91711-
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: 03 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0417200111C3761833

C.
Full Name (Last, First, Middle Initial): James Merritt
Mailing Address: 8230 WALNUT HILL, STE 518
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 ▼ 300.00
Date of Receipt: 03 29 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0406200126C3760134

SUBTOTAL of Receipts This Page (optional) ..... ▶ **965.00**

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 / 21

[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): Robert Neuman
Mailing Address: 622 W Maple St Ste E
City: Farmington State: NM Zip Code: 87401-6589
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: 03 29 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0406200126C3759237

B.
Full Name (Last, First, Middle Initial): Steven Podos
Mailing Address: Mt Sinai Med Ctr Box 1183 1 Gustave Levy Place
City: New York State: NY Zip Code: 10029-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 03 30 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0417200111C3762738

C.
Full Name (Last, First, Middle Initial): Lawrence Ronning
Mailing Address: 6046 Whipple Avenue
City: North 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: 03 29 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0406200126C3759440

SUBTOTAL of Receipts This Page (optional) ..... ▶ **850.00**

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 11 / 21

[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): Felix Sabates
Mailing Address: 8550 Holmes St Ste 120
City: Kansas City State: MO Zip Code: 64131-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: M M / D D / Y Y Y Y 03 30 2001
Amount of Each Receipt this Period: 400.00
Receipt
Transaction ID: 0417200111C3762441

B.
Full Name (Last, First, Middle Initial): Sharad Saraf
Mailing Address: Rt 94 S & Bunn Rd PO Box 458
City: Hamburg State: NJ Zip Code: 07419-0458
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: M M / D D / Y Y Y Y 03 20 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0406200126C3757242

C.
Full Name (Last, First, Middle Initial): Karen Segrist
Mailing Address: 533 E Third St
City: Alton State: IL Zip Code: 62002-
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: M M / D D / Y Y Y Y 03 29 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0406200126C3759943

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1065.00**

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 / 21

[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): Robert Shields
Mailing Address: 850 E Harvard Ave, Ste 115
City: Denver State: CO Zip Code: 80210-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 265.00
Date of Receipt: 03 20 2001
Amount of Each Receipt this Period: 165.00
Receipt
Transaction ID: 0406200126C3756644

B.
Full Name (Last, First, Middle Initial): William Francis Varr
Mailing Address: 390 Toll Gate Rd, Ste 103
City: Warwick State: RI Zip Code: 02886-
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: 03 20 2001
Amount of Each Receipt this Period: 182.50
Receipt
Transaction ID: 0406200126C3756748

C.
Full Name (Last, First, Middle Initial): David Williams
Mailing Address: VitreoRetinal Surgery, PA-Minn Cen, 7760 France Ave S Ste 310
City: Minneapolis State: MN Zip Code: 55435-
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: 03 29 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0406200126C3759049

SUBTOTAL of Receipts This Page (optional) ..... ▶ **847.50**

TOTAL This Period (last page this line number only) ..... ▶ **8242.50**

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 / 21

☐ 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 ▼ 40.89
Date of Receipt: 03 31 2001
Amount of Each Receipt this Period: 22.10
Other Receipt
Transaction ID: 04062001260C37603

B.
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 ▼ 61.05
Date of Receipt: 03 31 2001
Amount of Each Receipt this Period: 20.16
Other Receipt
Transaction ID: 04062001260C37605

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶ **42.26**

TOTAL This Period (last page this line number only) ..... ▶ **42.26**

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 Jan 01

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
03 31 2001

Amount of Each Disbursement this Period
474.12

UB cking acct exp Jan 01

Transaction ID: 0417200111E2758

B.
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 Mar 01

Candidate Name

Category/Type

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

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
03 31 2001

Amount of Each Disbursement this Period
60.42

UB cking acct exp Mar 01

Transaction ID: 0417200111E2759

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	534.54
TOTAL This Period (last page this line number only) ..... ▶	534.54

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)
Bill Thomas Campaign Committee

Mailing Address
Po Box 395
City: Bakersfield State: CA Zip Code: 93302-0395

Purpose of Disbursement
House CA 21

Candidate Name

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

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

Date of Disbursement: 03 19 2001

Amount of Each Disbursement this Period: 5000.00

Category/Type: House CA 21

Transaction ID: 0406200126E2747

B.
Full Name (Last, First, Middle Initial)
Cooksey For Senate

Mailing Address
PO Box 7600
City: Monroe State: LA Zip Code: 71211-7600

Purpose of Disbursement
Senate-LA

Candidate Name

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

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

Date of Disbursement: 03 19 2001

Amount of Each Disbursement this Period: 5000.00

Category/Type: Senate-LA

Transaction ID: 0406200126E2714

C.
Full Name (Last, First, Middle Initial)
Dave Camp For Congress 2000

Mailing Address
5915 Eastman Ave Ste 100
City: Midland State: MI Zip Code: 48640-6824

Purpose of Disbursement
HOUSE-MI-4

Candidate Name

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

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

Date of Disbursement: 03 19 2001

Amount of Each Disbursement this Period: 1500.00

Category/Type: HOUSE-MI-4

Transaction ID: 0406200126E2712

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11500.00**

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

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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 Congl Cmpgn Committee

Mailing Address
430 S Capitol St Se
City: Washington State: DC Zip Code: 20003-4024

Purpose of Disbursement
COMMITTEE DC

Candidate Name

Category/Type: COMMITTEE DC

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

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 / 19 / 2001

Amount of Each Disbursement this Period: 5000.00

Transaction ID: 0406200126E2750

B. Full Name (Last, First, Middle Initial)
Democratic Sentrl Cmpgn Comm

Mailing Address
430 S Capitol St Se
City: Washington State: DC Zip Code: 20003-4024

Purpose of Disbursement
COMMITTEE DC

Candidate Name

Category/Type: COMMITTEE DC

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

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 / 19 / 2001

Amount of Each Disbursement this Period: 5000.00

Transaction ID: 0406200126E2751

C. Full Name (Last, First, Middle Initial)
Doggett For Us Congr Committee

Mailing Address
Po Box 5843
City: Austin State: TX Zip Code: 78763-5843

Purpose of Disbursement
House-TX-10

Candidate Name

Category/Type: House-TX-10

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

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 / 19 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 0406200126E2715

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11000.00**

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

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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 For Harry Reid

Mailing Address
PO Box 85223
City: Las Vegas State: NV Zip Code: 89185-

Purpose of Disbursement
Senate NV

Candidate Name

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

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 19 2001

Amount of Each Disbursement this Period: 2500.00

Category/Type: Senate NV

Transaction ID: 0406200126E2745

B.
Full Name (Last, First, Middle Initial)
Friends Of Jennifer B Dunn

Mailing Address
Po Box 40110
City: Bellevue State: WA Zip Code: 98015-4110

Purpose of Disbursement
House-WA-8

Candidate Name

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

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 19 2001

Amount of Each Disbursement this Period: 1000.00

Category/Type: House-WA-8

Transaction ID: 0406200126E2716

C.
Full Name (Last, First, Middle Initial)
Friends Of Lois Capps

Mailing Address
Po Box 23940
City: Santa Barbara State: CA Zip Code: 93121-3940

Purpose of Disbursement
H-CA-22

Candidate Name

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

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 03 19 2001

Amount of Each Disbursement this Period: 1000.00

Category/Type: H-CA-22

Transaction ID: 0406200126E2713

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

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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 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

Category/Type

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

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

Date of Disbursement: 03 / 19 / 2001

Amount of Each Disbursement this Period: 1000.00

House-FL-16

Transaction ID: 0406200126E2718

B.
Full Name (Last, First, Middle Initial)
Friends Of Senator Rockefeller

Mailing Address
236 Massachusetts Avenue #310
City: Washington | State: DC | Zip Code: 20002-

Purpose of Disbursement
Senate WV

Candidate Name

Category/Type

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

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

Date of Disbursement: 03 / 19 / 2001

Amount of Each Disbursement this Period: 2500.00

Senate WV

Transaction ID: 0406200126E2746

C.
Full Name (Last, First, Middle Initial)
Ganske for Senate

Mailing Address
521 E Locust St, 2nd Fl
City: Des Moines | State: IA | Zip Code: 50309-1939

Purpose of Disbursement
House IA 4

Candidate Name

Category/Type

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

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

Date of Disbursement: 03 / 19 / 2001

Amount of Each Disbursement this Period: 5000.00

House IA 4

Transaction ID: 0406200126E2739

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

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

A.
Full Name (Last, First, Middle Initial): Hulshof For Congress
Mailing Address: Po Box 1621
City: Columbia State: MO Zip Code: 65205-1621
Purpose of Disbursement: House MO 9
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary General / Other (specify)
Category/Type: House MO 9
Date of Disbursement: 03 19 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 0406200126E2740

B.
Full Name (Last, First, Middle Initial): Lone Star Fund
Mailing Address: 607 14th St NW, Suite 800
City: Washington State: DC Zip Code: 20005-
Purpose of Disbursement: Leadership PAC contribution
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary General / Other (specify)
Category/Type: Leadership PAC contribution
Date of Disbursement: 03 19 2001
Amount of Each Disbursement this Period: 2500.00
Transaction ID: 0406200126E2717

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)
Category/Type: House LA 4
Date of Disbursement: 03 19 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 0406200126E2742

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial)
National Republican Congl Comm

Mailing Address
420 1st St Se
City: Washington
State: DC
Zip Code: 20003-1826

Purpose of Disbursement
COMMITTEE DC

Candidate Name

Category/Type

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

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

Date of Disbursement
03 19 2001

Amount of Each Disbursement this Period
5000.00

COMMITTEE DC

Transaction ID: 0406200126E2752

B.
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

Category/Type

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

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

Date of Disbursement
03 19 2001

Amount of Each Disbursement this Period
1000.00

House NJ 6

Transaction ID: 0406200126E2743

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

Mailing Address
Po Box 5577 Manhattanville Station
City: New York
State: NY
Zip Code: 10027-5570

Purpose of Disbursement
House NY 15

Candidate Name

Category/Type

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

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

Date of Disbursement
03 19 2001

Amount of Each Disbursement this Period
1000.00

House NY 15

Transaction ID: 0406200126E2744

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **7000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial)
Re-elect Nancy Johnson To Congress

Mailing Address
Po Box 1986
City: New Britain
State: CT
Zip Code: 06050-1986

Purpose of Disbursement
House CT 6

Candidate Name

Category/Type: House CT 6

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

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

Date of Disbursement: 03 19 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 0406200126E2741

B.
Full Name (Last, First, Middle Initial)
Torricelli For Us Senate

Mailing Address
1300 Connecticutt Ave NW Ste 600
City: Washington
State: DC
Zip Code: 20036-

Purpose of Disbursement
Senate NJ

Candidate Name

Category/Type: Senate NJ

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

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

Date of Disbursement: 03 19 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 0406200126E2748

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2000.00**

TOTAL This Period (last page this line number only) ..... ▶ **49000.00**