05/18/2004 12 : 56

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)	X 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 08 01 2001 through 08 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: 08 01 2001 To: 08 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	132202.85	
(c) Total Receipts (from Line 19)	1960.58	131252.61
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	134163.43	439300.76
7. Total Disbursements (from Line 31)	41387.16	346524.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	92776.27	92776.27
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: 08 01 2001 To: 08 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)	1531.00	
(ii) Unitemized	300.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	1831.00	130954.43
(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) ..... ▶	1831.00	130954.43
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.)	129.58	298.18
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))	1960.58	131252.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1960.58	131252.61

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	64.26	71551.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	64.26	71551.59
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	41322.90	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	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))	41387.16	346524.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	41387.16	346524.49

DETAILED SUMMARY PAGE

of Disbursements

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)	1831.00	130954.43
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1831.00	130804.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	64.26	71551.59
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	64.26	71551.59

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 16
(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 Blakemore
Mailing Address: 101 Mark Dr, PO Box 1077
City: Edenton | State: NC | Zip Code: 27932-
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: 356.00

Date of Receipt: 08 30 2001
Transaction ID: 0919200115C38000
Amount of Each Receipt this Period: 356.00
Receipt

B.
Full Name (Last, First, Middle Initial): A George Kudirka
Mailing Address: 535 Jack Warner Parkway NE, Suite B-1
City: Tuscaloosa | State: AL | Zip Code: 35404-5715
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: 08 30 2001
Transaction ID: 0919200115C37969
Amount of Each Receipt this Period: 300.00
Receipt

C.
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: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 225.00

Date of Receipt: 08 30 2001
Transaction ID: 0919200115C37987
Amount of Each Receipt this Period: 50.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 706.00

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 / 16
(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)
Mark Lindsay
Mailing Address 2725 E 29th St
City: Bryan State: TX Zip Code: 77802-2502
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: 08 30 2001
Transaction ID: 0919200115C37998
Amount of Each Receipt this Period: 25.00
Receipt

B.
Full Name (Last, First, Middle Initial)
David Parke
Mailing Address 130 Chimney Hill Rd
City: Wallingford State: CT Zip Code: 06492-
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: 08 30 2001
Transaction ID: 0919200115C38003
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
David Daniel Saggau
Mailing Address 2441 Jordan Trail
City: West Des Moines State: IA Zip Code: 50265-5549
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: 08 30 2001
Transaction ID: 0919200115C38002
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 825.00

TOTAL This Period (last page this line number only) ..... ▶ 1531.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 16
(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 ▼
298.18

Date of Receipt
08 31 2001

Transaction ID: 0919200115C38006

Amount of Each Receipt this Period
129.58

Other Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 129.58

TOTAL This Period (last page this line number only) ..... ▶ 129.58

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)

Full Name (Last, First, Middle Initial)
A. Union Bank

Mailing Address PO Box 24512

City San Francisco
State CA
Zip Code 94124-0512

Purpose of Disbursement
UB CKING ACCT EXP AUG 01

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D9192D0115E2875
Date of Disbursement
08 / 31 / 2001

Amount of Each Disbursement this Period
64.26

UB CKING ACCT EXP AUG 01

SUBTOTAL of Disbursements This Page (optional) ▶	64.26
TOTAL This Period (last page this line number only) ▶	64.26

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)

☐ 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): Adam Smith For Congress
Mailing Address: PO Box 23626
City: Federal Way | State: WA | Zip Code: 98093-0626
Purpose of Disbursement: HOUSE-WA 9
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary / General / Other (specify)
Transaction ID: D919200115E2864
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00
HOUSE-WA 9

B.
Full Name (Last, First, Middle Initial): Congressman Joe Barton Committee
Mailing Address: PO Box 1444
City: Ennis | State: TX | Zip Code: 75120-1444
Purpose of Disbursement: HOUSE-TX 6
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary / General / Other (specify)
Transaction ID: D919200115E2874
Date of Disbursement: 08 / 30 / 2001
Amount of Each Disbursement this Period: 1500.00
HOUSE-TX 6

C.
Full Name (Last, First, Middle Initial): Mike Bilirakis For Congress
Mailing Address: PO Box 1077
City: Tarpon Springs | State: FL | Zip Code: 34688-1077
Purpose of Disbursement: HOUSE-FL 9
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary / General / Other (specify)
Transaction ID: D919200115E2873
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 2000.00
HOUSE-FL 9

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)

☐ 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): Capuano For Congress Committee
Mailing Address: PO Box 440305
City: West Somerville | State: MA | Zip Code: 02144-0027
Purpose of Disbursement: HOUSE-MA 8
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 — X Primary / General / Other (specify)
Transaction ID: D9192D0115E2872
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00
HOUSE-MA 8

B.
Full Name (Last, First, Middle Initial): Catherine G. Cohen
Mailing Address: 6028 Copley Lane
City: Mc Lean | State: VA | Zip Code: 22102-
Purpose of Disbursement: MIKE BILIRAKIS HEALTHCARE DINNER
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 — Primary / X General / Other (specify)
Transaction ID: D5142D048E3765
Date of Disbursement: 08 / 24 / 2001
Amount of Each Disbursement this Period: 1822.90
IN KIND: MIKE BILIRAKIS HEALTHCARE DINNER

C.
Full Name (Last, First, Middle Initial): Democratic Congressional Campaign Comm
Mailing Address: 430 S Capitol St SE
City: Washington | State: DC | Zip Code: 20003-4024
Purpose of Disbursement: COMMITTEE CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 — X Primary / General / Other (specify)
Transaction ID: 0919200115E2862
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 5000.00
COMMITTEE CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 7822.90

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	☐ 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): Democratic Senatorial Campaign Comm
Mailing Address: 120 Maryland Ave NE
City: Washington State: DC Zip Code: 20002-5810
Purpose of Disbursement: COMMITTEE CONTRIBUTION
Candidate Name
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General / Other (specify)
Transaction ID: D9192D0115E2860
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 5000.00
Category/Type: COMMITTEE CONTRIBUTION

B.
Full Name (Last, First, Middle Initial): JD Hayworth for Congress
Mailing Address: 14300 N Northsight Blvd Suite 105
City: Scottsdale State: AZ Zip Code: 85260-3672
Purpose of Disbursement: HOUSE-AZ 6
Candidate Name
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General / Other (specify)
Transaction ID: D9192D0115E2871
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 2000.00
Category/Type: HOUSE-AZ 6

C.
Full Name (Last, First, Middle Initial): Sue Kelly for Congress
Mailing Address: PO Box 599
City: Katonah State: NY Zip Code: 10536-0599
Purpose of Disbursement: HOUSE NY-19
Candidate Name
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General / Other (specify)
Transaction ID: D61820027E3145
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE NY-19

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8000.00**

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	☐ 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): Cmte for the Preservation of Capitalism
Mailing Address: PO Box 22614
City: Alexandria | State: VA | Zip Code: 22304-
Purpose of Disbursement: HOUSE-LA 4
Candidate Name:
Office Sought: House / Senate / President — State: District
Disbursement For: 2001 — X Primary / General / Other (specify)
Transaction ID: D919200115E2868
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 3000.00
Category/Type: HOUSE-LA 4

B.
Full Name (Last, First, Middle Initial): Mccollum For Congress
Mailing Address: PO Box 14131
City: Saint Paul | State: MN | Zip Code: 55114-0131
Purpose of Disbursement: HOUSE-MN 4
Candidate Name:
Office Sought: House / Senate / President — State: District
Disbursement For: 2001 — X Primary / General / Other (specify)
Transaction ID: D919200115E2869
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE-MN 4

C.
Full Name (Last, First, Middle Initial): Mike Ross For Congress Committee
Mailing Address: PO Box 360
City: Prescott | State: AR | Zip Code: 71857-0360
Purpose of Disbursement: HOUSE-AR 4
Candidate Name:
Office Sought: House / Senate / President — State: District
Disbursement For: 2001 — X Primary / General / Other (specify)
Transaction ID: D919200115E2866
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE-AR 4

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	☐ 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): Natl Republican Congressional Comm
Mailing Address: 320 1st St SE
City: Washington State: DC Zip Code: 20003-1838
Purpose of Disbursement: COMMITTEE CONTRIBUTION
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 Primary X General Other (specify)
Transaction ID: D9192D0115E2863
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 5000.00
Category/Type: COMMITTEE CONTRIBUTION

B.
Full Name (Last, First, Middle Initial): Natl Republican Senatorial Comm
Mailing Address: Ronald Reagan Republican Center, 425 2nd St NE
City: Washington State: DC Zip Code: 20002-
Purpose of Disbursement: COMMITTEE CONTRIBUTION
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General Other (specify)
Transaction ID: D9192D0115E2861
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 5000.00
Category/Type: COMMITTEE CONTRIBUTION

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:
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General Other (specify)
Transaction ID: D9192D0115E2867
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 4000.00
Category/Type: HOUSE-NY 15

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **14000.00**

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	☐ 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): Reed Committee
Mailing Address: PO Box 8628
City: Cranston State: RI Zip Code: 02920-0828
Purpose of Disbursement: SENATE RI
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2001 X Primary General Other (specify)
Transaction ID: D9192D0115E2858
Date of Disbursement: 08 / 24 / 2001
Amount of Each Disbursement this Period: 1000.00
SENATE RI

B.
Full Name (Last, First, Middle Initial): Sherman For Congress
Mailing Address: 555 S Flower St
City: Los Angeles State: CA Zip Code: 00071-2300
Purpose of Disbursement: HOUSE-CA 24
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2001 X Primary General Other (specify)
Transaction ID: D9192D0115E2865
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00
HOUSE-CA 24

SUBTOTAL of Disbursements This Page (optional) ..... ▶	2000.00
TOTAL This Period (last page this line number only) ..... ▶	41322.90

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