24961342618

05/18/2004 12 : 58

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)	X Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (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 10 01 2001 through 10 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: 10 01 2001 To: 10 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		308048.15
(b) Cash on Hand at Begining of Reporting Period	111344.42	
(c) Total Receipts (from Line 19)	34965.10	185121.87
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	146309.52	493170.02
7. Total Disbursements (from Line 31)	45444.28	392304.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	100865.24	100865.24
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: 10 01 2001 To: 10 31 2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	32964.45	
(ii) Unitemized	1875.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	34839.45	184582.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	34839.45	184582.08
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 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.)	125.65	539.79
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))	34965.10	185121.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34965.10	185121.87

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	444.28	72206.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	444.28	72206.88
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	45000.00	319822.90
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	275.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	275.00
29. Other Disbursements	0.00	0.00
30. 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))	45444.28	392304.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	45444.28	392304.78

DETAILED SUMMARY PAGE

of Disbursements

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

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	34839.45	184582.08
34. Total Contribution Refunds (from Line 28(d))	0.00	275.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34839.45	184307.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	444.28	72206.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	444.28	72206.88

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 41
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.
Full Name (Last, First, Middle Initial): Nicholas Barna
Mailing Address: 1060 N Church St
City: Hazleton | State: PA | Zip Code: 18202-1444
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: 10 24 2001
Transaction ID: 1120200139C38156
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Clifton Beasley
Mailing Address: 3200 Professional Bldg
1350 South Main
City: Fort Worth | State: TX | Zip Code: 76104-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 25 2001
Transaction ID: 1120200139C38166
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): William Benevento
Mailing Address: Eye Surgeons Associates
1351 W Central Park Ste 1200
City: Davenport | State: IA | Zip Code: 52804-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 24 2001
Transaction ID: 1120200139C38147
Amount of Each Receipt this Period: 500.00
Receipt

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

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

24961342624

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): J Chandler Berg
Mailing Address: Ste 110, 2709 Meredyth Dr
City: Albany State: GA Zip Code: 31707-2267
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38090
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial): Terry Bergstrom
Mailing Address: WK Kellogg Eye Cntr, 1000 Wall St Rm 649
City: Ann Arbor State: MI Zip Code: 48105-1994
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38093
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): E Frederick Bloemker
Mailing Address: Ste 250, 500 W Thomas Rd
City: Phoenix State: AZ Zip Code: 85013-4215
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: 10 01 2001
Transaction ID: 1019200140C38089
Amount of Each Receipt this Period: 300.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial): Edwin Boldrey
Mailing Address: 2512 Samaritan Ct Ste A
City: San Jose | State: CA | Zip Code: 95124-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 25 2001
Transaction ID: 1120200139C38162
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Jill Brody
Mailing Address: McDonough Eye Assoc, 505 E Grant St
City: Macomb | State: IL | Zip Code: 61455-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38086
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Charles Campbell
Mailing Address: Ste 200, 5540 Saratoga Blvd
City: Corpus Christi | State: TX | Zip Code: 78413-2553
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: 10 01 2001
Transaction ID: 1019200140C38129
Amount of Each Receipt this Period: 500.00
Receipt

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

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

24961342626

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): Marion Coats
Mailing Address: 1219 S East Ave, Ste 210
City: Sarasota State: FL Zip Code: 34239-2355
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: 10 01 2001
Transaction ID: 1019200140C38136
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Joel Cohen
Mailing Address: 11680 FM 1960 W
City: Houston State: TX Zip Code: 77065-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 25 2001
Transaction ID: 1120200139C38163
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): Mary Louise Collins
Mailing Address: Gter Balt MC Pavillion W
6569 N Charles St Ste 505
City: Baltimore State: MD Zip Code: 21204-5809
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 10 25 2001
Transaction ID: 11202D0139C38159
Amount of Each Receipt this Period: 250.00
Receipt

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

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

24961342627

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): Thomas Currey
Mailing Address: Ste 100-B, 1900 Kirby Pkwy
City: Germantown State: TN Zip Code: 38138-3653
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: 10 24 2001
Transaction ID: 1120200139C38146
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Thomas Deutsch
Mailing Address: Ste 918, 1725 W Harrison St
City: Chicago State: IL Zip Code: 60612-3836
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 24 2001
Transaction ID: 1120200139C38148
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): Christopher Dickens
Mailing Address: 490 Post St Ste 608
City: San Francisco State: CA Zip Code: 94102-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 10 01 2001
Transaction ID: 10192D0140C380B4
Amount of Each Receipt this Period: 350.00
Receipt

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

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

24961342628

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)
Donald Dickerson
Mailing Address 1908 Santa Monica Blvd Ste 3
City: Santa Monica State: CA Zip Code: 90404-
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: 10 01 2001
Transaction ID: 1019200140C38128
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Jeffrey Dickin
Mailing Address 4499 Town Ctr Pkwy
City: Flint State: MI Zip Code: 48532-
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: 319.15

Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38114
Amount of Each Receipt this Period: 136.95
Receipt

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

Date of Receipt: 10 24 2001
Transaction ID: 11202D0139C38153
Amount of Each Receipt this Period: 500.00
Receipt

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

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

24961342629

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): Matthew Farber
Mailing Address: Ste 300, 7900 W Jefferson Blvd
City: Fort Wayne State: IN Zip Code: 46804-4128
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 24 2001
Transaction ID: 1120200139C38142
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial): Ronald Leigh Fellman
Mailing Address: Greenville Med Tower, 7150 Greenville Ave #300
City: Dallas State: TX Zip Code: 75231-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 25 2001
Transaction ID: 1120200139C38165
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): Ronald Foltz
Mailing Address: 1000 Fowler Way Ste 2
City: Placerville State: CA Zip Code: 95667-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 01 2001
Transaction ID: 10192D0140C38085
Amount of Each Receipt this Period: 365.00
Receipt

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

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

24961342630

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): Scott Friedman
Mailing Address: 2202 Lakeland Hills Blvd
City: Lakeland State: FL Zip Code: 33805-2908
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: 10 01 2001
Transaction ID: 1019200140C38133
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): David Friedrich
Mailing Address: Ste 7, 5022 Old Godsey Ln
City: Chattanooga State: TN Zip Code: 37343-6904
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: 10 01 2001
Transaction ID: 1019200140C38120
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Luther Fry
Mailing Address: 310 E Walnut St
City: Garden City State: KS Zip Code: 67846-5560
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: 10 24 2001
Transaction ID: 11202D0139C38155
Amount of Each Receipt this Period: 500.00
Receipt

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: PAGE 14 / 41
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial)
David Gieser

Mailing Address Wheaton Eye Clinic
2015 N Main St

City: Wheaton | State: IL | Zip Code: 60187-

FEC ID number of contributing federal political committee: C

Name of Employer: self
Occupation: Ophthalmologist

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 730.00

Date of Receipt: 10 25 2001
Transaction ID: 1120200139C38168
Amount of Each Receipt this Period: 365.00
Receipt

B. Full Name (Last, First, Middle Initial)
Roy Goodart

Mailing Address 4400 S 700 E Ste 200

City: Salt Lake City | State: UT | Zip Code: 84107-

FEC ID number of contributing federal political committee: C

Name of Employer: self
Occupation: Ophthalmologist

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38124
Amount of Each Receipt this Period: 1000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Erich Bryan Gross

Mailing Address Cornea Consultants of Nashville
2011 Murphy Ave Ste 602

City: Nashville | State: TN | Zip Code: 37203-

FEC ID number of contributing federal political committee: C

Name of Employer: self
Occupation: Ophthalmologist

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 1000.00

Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38104
Amount of Each Receipt this Period: 1000.00
Receipt

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

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

24961342632

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): David Guyette
Mailing Address: 800 Main Street
City: Malden | State: MA | Zip Code: 02148-
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: 10 01 2001
Transaction ID: 1019200140C38089
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Jean Haushaer
Mailing Address: 4322 N Hickory Lane
City: Kansas City | State: MO | Zip Code: 64116-
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: 10 01 2001
Transaction ID: 1019200140C38113
Amount of Each Receipt this Period: .00
Receipt

C.
Full Name (Last, First, Middle Initial): Jean Haushaer
Mailing Address: 4322 N Hickory Lane
City: Kansas City | State: MO | Zip Code: 64116-
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: 437.50
Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38112
Amount of Each Receipt this Period: 187.50
Receipt

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

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

24961342633

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 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)
John Steven Jarstad
Mailing Address PO Box 25020
34719 6th Ave S
City: Federal Way State: WA Zip Code: 98093-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 25 2001
Transaction ID: 1120200139C38167
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Michael Walker Kelly
Mailing Address Ste 104
4201 Lake Boone Trl
City: Raleigh State: NC Zip Code: 27607-7511
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: 10 01 2001
Transaction ID: 1019200140C38084
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Bernd Kutzscher
Mailing Address 172 32nd Avenue
City: San Francisco State: CA Zip Code: 94121-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 01 2001
Transaction ID: 10192D0140C38125
Amount of Each Receipt this Period: 500.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 41
(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): Gregory Kwasny
Mailing Address: Ste 103D, 2300 N Mayfair Rd
City: Milwaukee State: WI Zip Code: 53226-1556
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 24 2001
Transaction ID: 1120200139C38145
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial): Mark Lindsay
Mailing Address: 2725 E 29th St
City: Bryan State: TX Zip Code: 77802-2502
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 275.00
Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38075
Amount of Each Receipt this Period: 25.00
Receipt

C.
Full Name (Last, First, Middle Initial): Linda Margulies
Mailing Address: c/o Ophthalmology Dept (112I), 150 Muir Rd
City: Martinez State: CA Zip Code: 94553-4888
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: 10 01 2001
Transaction ID: 1019200140C38106
Amount of Each Receipt this Period: 150.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 41
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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): Bobby McCullen
Mailing Address: 2325 Aberdeen Boulevard Ste A
City: Gastonia | State: NC | Zip Code: 28054-
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: 10 01 2001
Transaction ID: 1019200140C38088
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Robert McKinley
Mailing Address: Apt 9, 425 Bayshore Dr
City: Fort Lauderdale | State: FL | Zip Code: 33304-4222
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: 10 01 2001
Transaction ID: 1019200140C38119
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): Mark Michaels
Mailing Address: 3399 PGA Blvd Ste 220
City: Palm Beach Gardens | State: FL | Zip Code: 33410-
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 24 2001
Transaction ID: 11202D0139C38151
Amount of Each Receipt this Period: 1000.00
Receipt

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

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

24961342636

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 41
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[ ] 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 Meier
Mailing Address: 5841 S Maryland, MC 2114
City: Chicago State: IL Zip Code: 60637-1447
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: 10 01 2001
Transaction ID: 1019200140C38096
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): James Nechbar
Mailing Address: Ste 11, 509 S Lenola Rd
City: Moorestown State: NJ Zip Code: 08057-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38126
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): Steven Newman
Mailing Address: PO Box 800715
City: Charlottesville State: VA Zip Code: 22908-0715
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: 10 25 2001
Transaction ID: 11202D0139C38171
Amount of Each Receipt this Period: 500.00
Receipt

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

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

24961342637

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[ ] 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)
Kang Oh
Mailing Address Oh Eye Assoc Inc
8110 Market St
City: Youngstown State: OH Zip Code: 44512-6243
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: 10 25 2001
Transaction ID: 1120200139C38169
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Emil Michel Opremcak
Mailing Address Ste 7-150
340 E Town St
City: Columbus State: OH Zip Code: 43215-4671
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: 10 24 2001
Transaction ID: 1120200139C38152
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Stephen Pflugfelder
Mailing Address 2738 University Blvd
City: Houston State: TX Zip Code: 77005-3440
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 01 2001
Transaction ID: 10192D0140C38082
Amount of Each Receipt this Period: 250.00
Receipt

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

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

24961342638

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): Peter Pritchett
Mailing Address: 1800 East Pavilion Place St B
City: Montrose | State: CO | Zip Code: 81401-
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: 10 25 2001
Transaction ID: 1120200139C38170
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Jhansi Raju
Mailing Address: 829 Heath Ln
City: Westmont | State: IL | Zip Code: 60559-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38097
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): Philip Rohrbt
Mailing Address: 5890 Mayfair Rd
City: North Canton | State: OH | Zip Code: 44720-1547
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: 10 01 2001
Transaction ID: 1019200140C38087
Amount of Each Receipt this Period: 300.00
Receipt

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

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

24961342639

SCHEDULE A (FEC Form 3X)
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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)
Paul Rosenberg
Mailing Address Ocusight Eye Care Center
1015 Ridge Rd
City: Webster State: NY Zip Code: 14580-2807
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: 10 01 2001
Transaction ID: 1019200140C38127
Amount of Each Receipt this Period: 500.00
Receipt

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

Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38096
Amount of Each Receipt this Period: 365.00
Receipt

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

Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38118
Amount of Each Receipt this Period: 300.00
Receipt

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

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

24961342640

SCHEDULE A (FEC Form 3X)
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[ ] 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): Carol Shields
Mailing Address: Oncology Service/Wills Eye, 900 Walnut
City: Philadelphia State: PA Zip Code: 19107-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38122
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Jerry Shields
Mailing Address: Wills Eye Hosp/Oncology, 840 Walnut St 14th Flr
City: Philadelphia State: PA Zip Code: 19107-
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: 10 01 2001
Transaction ID: 1019200140C38138
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): James Shreck
Mailing Address: 1307 South Willow
City: North Platte State: NE Zip Code: 69101-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38103
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 2000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial): David Shulman
Mailing Address: 999 East Basse Suite #127
City: San Antonio State: TX Zip Code: 78209-
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: 10 01 2001
Transaction ID: 1019200140C38111
Amount of Each Receipt this Period: .00
Receipt

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: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 875.00
Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38110
Amount of Each Receipt this Period: 375.00
Receipt

C.
Full Name (Last, First, Middle Initial): David Silbert
Mailing Address: Family Eye Group, 2110 Harrisburg Pike
City: Lancaster State: PA Zip Code: 17601-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 375.00
Date of Receipt: 10 25 2001
Transaction ID: 11202D0139C38161
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 500.00

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 25 / 41
(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)
Lawrence Singerman
Mailing Address Retina Associates of Cleveland, In
3401 Enterprise Parkway Ste 300
City: Beachwood State: OH Zip Code: 44122-
FEC ID number of contributing federal political committee. C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 24 2001
Transaction ID: 1120200139C38154
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Ronald Smith
Mailing Address Doheny Eye Institute Dept Ophth
1450 San Pablo Street Ste 5706
City: Los Angeles State: CA Zip Code: 90033-4692
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: 10 01 2001
Transaction ID: 1019200140C38091
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Brad Stuckenschneider
Mailing Address 6802 Heritage Dr
City: Poplar Bluff State: MO Zip Code: 63901-8677
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: 10 01 2001
Transaction ID: 1019200140C38083
Amount of Each Receipt this Period: 500.00
Receipt

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

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

24961342643

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 41
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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): Shigemi Sugiki
Mailing Address: 1380 Lusitana St Ste 714
City: Honolulu State: HI Zip Code: 96813-
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: 750.00
Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38121
Amount of Each Receipt this Period: 750.00
Receipt

B.
Full Name (Last, First, Middle Initial): William Tasman
Mailing Address: Ste 1510, 840 Walnut St
City: Philadelphia State: PA Zip Code: 19107-5109
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 24 2001
Transaction ID: 1120200139C38143
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): Lyle Thorstenson
Mailing Address: P.O. Box 632020
City: Nacogdoches State: TX Zip Code: 75563-2020
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 10 01 2001
Transaction ID: 10192D0140C38109
Amount of Each Receipt this Period: 250.00
Receipt

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

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

24961342644

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 41
(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): Morris Tilden
Mailing Address: 2155 Westlake Dr
City: Longmont State: CO Zip Code: 80503-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 25 2001
Transaction ID: 1120200139C38164
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial): Gary Tylock
Mailing Address: 3100 North MacArthur Boulevard
City: Irving State: TX Zip Code: 75062-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38085
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): David Ugland
Mailing Address: 135 S Sharon Amity Rd 100
City: Charlotte State: NC Zip Code: 28211-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 01 2001
Transaction ID: 10192D0140C381D1
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1865.00

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 28 / 41
(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): 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: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38076
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Martin Wand
Mailing Address: Ste 522, 85 Seymour St
City: Hartford State: CT Zip Code: 06106-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38117
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Floyd Warren
Mailing Address: 530 First Ave Ste 3-B
City: New York State: NY Zip Code: 10016-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38134
Amount of Each Receipt this Period: 365.00
Receipt

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

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

24961342646

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 41
(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)
Jeffrey Whitman
Mailing Address 2801 Lemmon Ave Ste# 400
City: Dallas State: TX Zip Code: 75204-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 365.00

Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38130
Amount of Each Receipt this Period: 365.00
Receipt

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: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 875.00

Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38108
Amount of Each Receipt this Period: 375.00
Receipt

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

Date of Receipt: 10 01 2001
Transaction ID: 1019200140C38135
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1740.00

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 30 / 41
(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)
Robert Wing

Mailing Address 415 Medical Dr Ste C-201

City: Bountiful
State: UT
Zip Code: 84010-

FEC ID number of contributing federal political committee. C

Name of Employer: self

Occupation: Ophthalmologist

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
10 01 2001

Transaction ID: 1019200140C38105

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 300.00

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

24961342648

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 41
(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 ▼
539.79

Date of Receipt
10 31 2001

Transaction ID: 1120200139C38221

Amount of Each Receipt this Period
125.65

Other Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 125.65

TOTAL This Period (last page this line number only) ..... ▶ 125.65

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 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 OCT 01

Candidate Name

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Category/Type

Transaction ID: 1120200140E2909
Date of Disbursement
10 / 31 / 2001

Amount of Each Disbursement this Period
444.28

UB CKING ACCT EXP OCT 01

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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): Becerra For Congress
Mailing Address: PO Box 261060
City: Los Angeles State: CA Zip Code: 90026-0878
Purpose of Disbursement: HOUSE-CA 30
Candidate Name:
Category/Type: HOUSE-CA 30
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General / Other (specify)
Transaction ID: 1120200140E29D8
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Roy Blunt
Mailing Address: PO Box 278
City: Strafford State: MO Zip Code: 65757-0278
Purpose of Disbursement: HOUSE MO-7
Candidate Name:
Category/Type: HOUSE MO-7
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General / Other (specify)
Transaction ID: D6182D027E314D
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): Randy Cunningham
Mailing Address: 4710 Fourth St #100
City: La Mesa State: CA Zip Code: 91941-
Purpose of Disbursement: HOUSE CA-51
Candidate Name:
Category/Type: HOUSE CA-51
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General / Other (specify)
Transaction ID: 0619200218E3240
Date of Disbursement: 10 31 2001
Amount of Each Disbursement this Period: 1000.00

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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 National Committee
Mailing Address: 430 S Capitol St SE
City: Washington State: DC Zip Code: 20003-4024
Purpose of Disbursement: COMMITTEE CONTRIBUTION
Candidate Name
Office Sought: House / Senate / President
State: District
Disbursement For: 2001 Primary X General Other (specify)
Transaction ID: 1120200140E2888
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 5000.00
Category/Type: COMMITTEE CONTRIBUTION

B.
Full Name (Last, First, Middle Initial): Ehrlich For Congress Committee
Mailing Address: 1301 York Rd
City: Lutherville Timoni State: MD Zip Code: 21093-6012
Purpose of Disbursement: HOUSE-MD 2
Candidate Name
Office Sought: House / Senate / President
State: District
Disbursement For: 2001 X Primary General Other (specify)
Transaction ID: 1120200140E2904
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE-MD 2

C.
Full Name (Last, First, Middle Initial): People For English
Mailing Address: PO Box 1940
City: Erie State: PA Zip Code: 16507-0940
Purpose of Disbursement: HOUSE-PA 21
Candidate Name
Office Sought: House / Senate / President
State: District
Disbursement For: 2001 X Primary General Other (specify)
Transaction ID: 1120200140E2903
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE-PA 21

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

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): Fletcher For Congress
Mailing Address: PO Box 4703
City: Lexington State: KY Zip Code: 40544-4703
Purpose of Disbursement: HOUSE-KY 6
Candidate Name
Category/Type: HOUSE-KY 6
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General / Other (specify)
Transaction ID: 1120200140E2902
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Friends For Jim McDermott
Mailing Address: PO Box 21786
City: Seattle State: WA Zip Code: 98111-3786
Purpose of Disbursement: HOUSE-WA 7
Candidate Name
Category/Type: HOUSE-WA 7
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General / Other (specify)
Transaction ID: 1120200140E2895
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): Friends Of Joe Pitts
Mailing Address: PO Box 775
City: Unionville State: PA Zip Code: 19375-0775
Purpose of Disbursement: HOUSE-PA 16
Candidate Name
Category/Type: HOUSE-PA 16
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General / Other (specify)
Transaction ID: 1120200140E2893
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 5500.00

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): Friends Of Mark Foley For Congress
Mailing Address: 1316 Lake Victoria Dr
City: Lake Worth State: FL Zip Code: 33461-6121
Purpose of Disbursement: HOUSE-FL 16
Candidate Name:
Category/Type: HOUSE-FL 16
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 Primary X General Other (specify)
Transaction ID: 1120200140E29D1
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): Gerald C Jerry Weller For Congress
Mailing Address: PO Box 15283
City: Washington State: DC Zip Code: 20003-0283
Purpose of Disbursement: HOUSE-IL 11
Candidate Name:
Category/Type: HOUSE-IL 11
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General Other (specify)
Transaction ID: 1120200140E2889
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Friends of Jane Harman
Mailing Address: PO Box 96
City: Torrance State: CA Zip Code: 90507-0096
Purpose of Disbursement: HOUSE-CA 36
Candidate Name:
Category/Type: HOUSE-CA 36
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General Other (specify)
Transaction ID: 1120200140E2900
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 5500.00

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): Mike Hathorne
Mailing Address: PO Box 4055, 321 W Center St
City: Fayetteville State: AR Zip Code: 72702-4055
Purpose of Disbursement: HOUSE AR-3
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: Primary / General / X Other (specify): Special General
Transaction ID: D61820027E311B
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00
HOUSE AR-3

B.
Full Name (Last, First, Middle Initial): John Lewis For Congress
Mailing Address: PO Box 2323
City: Atlanta State: GA Zip Code: 30301-2323
Purpose of Disbursement: HOUSE-GA 5
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary / General / Other (specify)
Transaction ID: 1120200140E2696
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 2000.00
HOUSE-GA 5

C.
Full Name (Last, First, Middle Initial): Jerry Kleczka
Mailing Address: 3150A S 12th St
City: Milwaukee State: WI Zip Code: 53215-4606
Purpose of Disbursement: HOUSE WI-4
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary / General / Other (specify)
Transaction ID: D61820027E3158
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00
HOUSE WI-4

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

☐ 21b	☐ 22	☒ 23	☐ 24	☐ 25	☐ 26
☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 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): Friends of Blanche Lincoln
Mailing Address: PO Box 3197
City: Little Rock | State: AR | Zip Code: 72203-3197
Purpose of Disbursement: SENATE-AR
Candidate Name:
Category/Type: SENATE-AR
Office Sought: House / Senate / President
State: District
Disbursement For: 2001 — X Primary / General / Other (specify)
Transaction ID: 1120200140E2897
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 2000.00

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: HOUSE-NJ 6
Office Sought: House / Senate / President
State: District
Disbursement For: 2001 — Primary / X General / Other (specify)
Transaction ID: 1120200140E2894
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Republican National Committee
Mailing Address: 310 1st St SE
City: Washington | State: DC | Zip Code: 20003-1885
Purpose of Disbursement: COMMITTEE CONTRIBUTION
Candidate Name:
Category/Type: COMMITTEE CONTRIBUTION
Office Sought: House / Senate / President
State: District
Disbursement For: 2001 — Primary / X General / Other (specify)
Transaction ID: 1120200140E2887
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 10000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **13000.00**

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): Ryan For Congress
Mailing Address: PO Box 1919
City: Janesville State: WI Zip Code: 53547-1919
Purpose of Disbursement: HOUSE-WI 1
Candidate Name:
Category/Type: HOUSE-WI 1
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General / Other (specify)
Transaction ID: 1120200140E2892
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): Ted Strickland For Congress
Mailing Address: PO Box 255
City: Minford State: OH Zip Code: 45653-0255
Purpose of Disbursement: HOUSE-OH 6
Candidate Name:
Category/Type: HOUSE-OH 6
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General / Other (specify)
Transaction ID: 1120200140E2891
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 2000.00

C.
Full Name (Last, First, Middle Initial): Tim Johnson For South Dakota Inc
Mailing Address: PO Box 1859
City: Sioux Falls State: SD Zip Code: 57101-1859
Purpose of Disbursement: SENATE-SD
Candidate Name:
Category/Type: SENATE-SD
Office Sought: House / Senate / President / State: District
Disbursement For: 2001 X Primary General / Other (specify)
Transaction ID: 1120200140E2899
Date of Disbursement: 10 / 31 / 2001
Amount of Each Disbursement this Period: 2000.00

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)
Upton For All Of Us

Mailing Address PO Box 490

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

Purpose of Disbursement
HOUSE-MI 6

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2001
X Primary General
Other (specify) ▼

Transaction ID: 1120200140E2890
Date of Disbursement
10 / 31 / 2001

Amount of Each Disbursement this Period
1000.00

HOUSE-MI 6

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

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