05/18/2004 13 : 42

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)	X May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	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 04 01 2002 through 04 30 2002

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 17 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: 04 01 2002 To: 04 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		229460.82
(b) Cash on Hand at Begining of Reporting Period	157599.34	
(c) Total Receipts (from Line 19)	20006.41	78717.48
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	177605.75	308178.30
7. Total Disbursements (from Line 31)	86035.09	216607.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	91570.66	91570.66
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: 04 01 2002 To: 04 30 2002

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)	17960.00	
(ii) Unitemized	1941.25	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	19901.25	78364.70
(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) ..... ▶	19901.25	78364.70
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.)	105.16	352.78
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))	20006.41	78717.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	20006.41	78717.48

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	535.09	2707.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	535.09	2707.64
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	85500.00	213000.00
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	900.00
(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	900.00
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))	86035.09	216607.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	86035.09	216607.64

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)	19901.25	78364.70
34. Total Contribution Refunds (from Line 28(d))	0.00	900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19901.25	77464.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	535.09	2707.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	535.09	2707.64

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 38
(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): David Anderson
Mailing Address: 530 South Holmes Avenue, PO Box 2410
City: Idaho Falls State: ID Zip Code: 83403-2410
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: 04 22 2002
Transaction ID: 0429200244C39234
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial): Charley Andrews
Mailing Address: Ste C, 558 W Bedford Euless Rd
City: Hurst State: TX Zip Code: 76053-3924
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: 04 22 2002
Transaction ID: 0510200257C39252
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Laurie Grey Barber
Mailing Address: UAMS Dept Ophtha, 4301 W Markham Slot 523
City: Little Rock State: AR Zip Code: 72205-
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: 04 22 2002
Transaction ID: 0510200257C39276
Amount of Each Receipt this Period: 1000.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 38
(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)
Deloris Bell
Mailing Address 7000 W 121st Street Suite 100
City: Overland Park State: KS Zip Code: 66209-2010
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: 04 17 2002
Transaction ID: 0510200257C39258
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial)
A Jan Berlin
Mailing Address PO Box 511
City: South Freeport State: ME Zip Code: 04079-0511
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: 04 22 2002
Transaction ID: 0429200244C39250
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Brian Michael Brown
Mailing Address 11411 Brookshire Ave Ste 402
City: Downey State: CA Zip Code: 90241-
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: 04 11 2002
Transaction ID: 0429200213C39216
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 875.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 38
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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 Cinotti
Mailing Address: 800 Pavonia Ave, Sixth Floor
City: Jersey City | State: NJ | Zip Code: 07306-
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: 04 22 2002
Transaction ID: 0429200244C39238
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): H Paul Cooler
Mailing Address: 320-A Midland Parkway
City: Summerville | State: SC | Zip Code: 29485-
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: 04 22 2002
Transaction ID: 0429200244C39230
Amount of Each Receipt this Period: 1000.00
Receipt

C.
Full Name (Last, First, Middle Initial): Gary Cowen
Mailing Address: Ste 3200, 1350 S Main St
City: Fort Worth | State: TX | Zip Code: 76104-7699
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: 04 11 2002
Transaction ID: 0429200213C39213
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1750.00

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 9 / 38
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Timothy Crowley
Mailing Address: Advanced Vision Assoc LLC, 4405 Bellemeade Ave Ste 101
City: Evansville State: IN Zip Code: 47714-
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: 04 17 2002
Transaction ID: 0510200257C39255
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Dirk Dikstal
Mailing Address: 1300 East 20th Street
City: Cheyenne State: WY Zip Code: 82001-4021
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: 04 17 2002
Transaction ID: 0510200257C39272
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial): David Fraez
Mailing Address: Ste 300, 891 W Main St
City: Dover Foxcroft State: ME Zip Code: 04426-1062
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: 04 17 2002
Transaction ID: 0510200257C39256
Amount of Each Receipt this Period: 300.00
Receipt

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: PAGE 10 / 38
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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): Lawrence Frieman
Mailing Address: 75 W Front St
City: Red Bank State: NJ Zip Code: 07701-1621
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: 04 22 2002
Transaction ID: 0510200257C39274
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Ashwani Gulati
Mailing Address: 3750 Delaware Avenue
City: Kenmore State: NY Zip Code: 14217-
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: 04 22 2002
Transaction ID: 0429200244C39229
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): Frank Hannah
Mailing Address: Eye Surgery Center, 1622 E Marion St
City: Shelby State: NC Zip Code: 28150-
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: 04 22 2002
Transaction ID: 0429200244C39237
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1100.00**

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 11 / 38
(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): Paul Henry
Mailing Address: 2420 Common
City: Fayetteville State: AR Zip Code: 72703-
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: 04 22 2002
Transaction ID: 0510200257C39271
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial): Mark Hughes
Mailing Address: Ste 600
50 Staniford St
City: Boston State: MA Zip Code: 02114-2508
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: 04 11 2002
Transaction ID: 0429200244C39219
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Mark Hughes
Mailing Address: Ste 600
50 Staniford St
City: Boston State: MA Zip Code: 02114-2508
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: 04 22 2002
Transaction ID: 0510200257C39254
Amount of Each Receipt this Period: 375.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 990.00

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 12 / 38
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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial)
Kenneth Juechter
Mailing Address 20 Watch Hill Road
City: Croton-on-Hudson State: NY Zip Code: 10520-
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: 04 17 2002
Transaction ID: 0510200257C39262
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Kenneth Karlin
Mailing Address 1800 Town Ctr Dr Ste 317
City: Reston State: VA Zip Code: 20190-
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: 04 22 2002
Transaction ID: 0429200244C39233
Amount of Each Receipt this Period: 700.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Patrick King
Mailing Address 911 W Third
City: Yankton State: SD Zip Code: 57078-
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: 04 22 2002
Transaction ID: 0429200244C39245
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) ..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 38
(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 Knauer
Mailing Address: 2535 Riverside Ave
City: Jacksonville State: FL Zip Code: 32204-
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: 04 22 2002
Transaction ID: 0510200257C39273
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial): Ralph Lanciano
Mailing Address: Lanciano Professional Center, 7703 Maple Ave
City: Pennsauken State: NJ Zip Code: 08109-
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: 04 22 2002
Transaction ID: 0429200244C39244
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): Richard Lee
Mailing Address: 491 30th St Ste 201
City: Oakland State: CA Zip Code: 94609-
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: 125.00
Date of Receipt: 04 11 2002
Transaction ID: 0429200244C39227
Amount of Each Receipt this Period: 125.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 38
(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): Richard Lee
Mailing Address: 491 30th St Ste 201
City: Oakland State: CA Zip Code: 94609-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 625.00
Date of Receipt: 04 22 2002
Transaction ID: 0429200244C39242
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Robert Liss
Mailing Address: Village of Cross Keys
2 Hamill Rd Ste 315
City: Baltimore State: MD Zip Code: 21210-1616
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: 04 22 2002
Transaction ID: 0429200244C39239
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Stephanie Jones Marioneaux
Mailing Address: Suite 108
300 Medical Pkwy
City: Chesapeake State: VA Zip Code: 23320-4585
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: 04 22 2002
Transaction ID: D5102D0257C39275
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

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 15 / 38
(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 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: 04 22 2002
Transaction ID: 0429200244C39296
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): J Arch McNamara
Mailing Address: 280 Ridings Way
City: Ambler State: PA Zip Code: 19002-
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: 04 11 2002
Transaction ID: 0429200244C39225
Amount of Each Receipt this Period: 125.00
Receipt

C.
Full Name (Last, First, Middle Initial): Robert Munsch
Mailing Address: 7406 Buckingham Ct
City: St Louis State: MO Zip Code: 63105-
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: 04 22 2002
Transaction ID: 0429200244C39231
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 725.00

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 16 / 38
(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)
Kenneth Musson
Mailing Address 929 Business Park Dr
City: Traverse City State: MI Zip Code: 49686-8683
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: 04 22 2002
Transaction ID: 0429200244C39249
Amount of Each Receipt this Period: 365.00
Receipt

B.
Full Name (Last, First, Middle Initial)
William Penland
Mailing Address The Eye Group of Southern Indiana
1020 West Buena Vista Rd
City: Evansville State: IN Zip Code: 47710-
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: 04 22 2002
Transaction ID: 0429200244C39243
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Charles Peter
Mailing Address 2305 Tinkham Rd.
City: Akron State: OH Zip Code: 44313-
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: 04 17 2002
Transaction ID: D5102D0257C39264
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 / 38
(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): Philip Rohdt
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: 250.00
Date of Receipt: 04 11 2002
Transaction ID: 0429200213C39210
Amount of Each Receipt this Period: 125.00
Receipt

B.
Full Name (Last, First, Middle Initial): Dennis Ryan
Mailing Address: 1836 S Ave
Gundersen Lutheran Med Ctr
City: La Crosse | State: WI | Zip Code: 54601-
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: 04 11 2002
Transaction ID: 0429200213C39205
Amount of Each Receipt this Period: 150.00
Receipt

C.
Full Name (Last, First, Middle Initial): Daile Sang
Mailing Address: 73 Chatham St
City: Brookline | State: MA | Zip Code: 02446-
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: 04 11 2002
Transaction ID: 0429200237C39218
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 525.00

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 / 38
(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)
Delia Sang
Mailing Address 73 Chatham St
City: Brookline State: MA Zip Code: 02446-
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: 04 22 2002
Transaction ID: 0510200257C39253
Amount of Each Receipt this Period: 375.00
Receipt

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: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 22 2002
Transaction ID: 0429200244C39228
Amount of Each Receipt this Period: 365.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Christianne Schoedel
Mailing Address 380 Saint Charles Way
City: York State: PA Zip Code: 17402-
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: 04 11 2002
Transaction ID: 0429200244C39226
Amount of Each Receipt this Period: 125.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 38
(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)
Elwin Schwartz
Mailing Address Middlesex Eye Physicians
195 S Main St
City: Middletown State: CT Zip Code: 06457-
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: 04 11 2002
Transaction ID: 0510200257C39267
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Elwin Schwartz
Mailing Address Middlesex Eye Physicians
195 S Main St
City: Middletown State: CT Zip Code: 06457-
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: 04 22 2002
Transaction ID: 0429200244C39247
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Roger Steinert
Mailing Address Ophthalmic Consultants of Boston
50 Staniford St Ste 600
City: Boston State: MA Zip Code: 02114-
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: 04 11 2002
Transaction ID: D4222D0218C39156
Amount of Each Receipt this Period: 250.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 38
(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): Walter Taylor
Mailing Address: Ste 101-M, 1200 First Colonial Rd
City: Virginia Beach | State: VA | Zip Code: 23454-
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: 04 17 2002
Transaction ID: 0510200257C39259
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): Kenneth Tuck
Mailing Address: 3320 Franklin Rd SW
City: Roanoke | State: VA | Zip Code: 24014-
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: 04 22 2002
Transaction ID: 0429200244C39241
Amount of Each Receipt this Period: 1000.00
Receipt

C.
Full Name (Last, First, Middle Initial): Ann Wam
Mailing Address: Dean A McGee Eye Inst, 3201 W Gore Blvd Ste 105
City: Lawton | State: OK | Zip Code: 73505-
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: 04 17 2002
Transaction ID: 0510200257C39263
Amount of Each Receipt this Period: 250.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 38
(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)
Barry Welch
Mailing Address 721 Sheridan Ave Ste 280
City: Cody State: WY Zip Code: 82414-
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: 04 11 2002
Transaction ID: 0429200213C39209
Amount of Each Receipt this Period: 250.00
Receipt

B.
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: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 11 2002
Transaction ID: 0422200218C39157
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 375.00

TOTAL This Period (last page this line number only) ..... ▶ 17960.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 38
(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 ▼
352.78

Date of Receipt
04 30 2002

Transaction ID: 0510200257C39306

Amount of Each Receipt this Period
105.16

Other Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 105.16

TOTAL This Period (last page this line number only) ..... ▶ 105.16

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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

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 APR 02

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D5102D0258E3064
Date of Disbursement
04 / 30 / 2002

Amount of Each Disbursement this Period
490.09

UB CKING ACCT EXP APR 02

SUBTOTAL of Disbursements This Page (optional) ..... ▶	490.09
TOTAL This Period (last page this line number only) ..... ▶	490.09

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): Brian Baird
Mailing Address: PO Box 5016
City: Vancouver | State: WA | Zip Code: 98668-5016
Purpose of Disbursement: HOUSE WA-3
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D61820027E3156
Date of Disbursement: 04 11 2002
Amount of Each Disbursement this Period: 1000.00
HOUSE WA-3

B.
Full Name (Last, First, Middle Initial): LEGPAC
Mailing Address: 38 Ivy St SE
City: Washington | State: DC | Zip Code: 20003-4006
Purpose of Disbursement: HOUSE-MD-3
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D4222D0218E2993
Date of Disbursement: 04 11 2002
Amount of Each Disbursement this Period: 2000.00
HOUSE-MD-3

C.
Full Name (Last, First, Middle Initial): James Clyburn
Mailing Address: 2725 Devine St
City: Columbia | State: SC | Zip Code: 29205-2411
Purpose of Disbursement: HOUSE SC-5
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D61820027E3150
Date of Disbursement: 04 11 2002
Amount of Each Disbursement this Period: 1000.00
HOUSE SC-5

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): Kent Conrad
Mailing Address: PO Box 812
City: Bismarck | State: ND | Zip Code: 58502-0812
Purpose of Disbursement: SENATE ND
Candidate Name:
Office Sought: House / Senate / President — X
State: District
Disbursement For: 2002 — X Primary / General / Other (specify)
Transaction ID: D8182D027E3167
Date of Disbursement: 04 / 11 / 2002
Amount of Each Disbursement this Period: 1000.00
Category/Type: SENATE ND

B. Full Name (Last, First, Middle Initial): John Comyn
Mailing Address: 807 Brazos St
City: Austin | State: TX | Zip Code: 78701-2523
Purpose of Disbursement: SENATE TX
Candidate Name:
Office Sought: House / Senate / President — X
State: District
Disbursement For: 2002 — Primary / X General / Other (specify)
Transaction ID: D429200214E3022
Date of Disbursement: 04 / 05 / 2002
Amount of Each Disbursement this Period: 5000.00
Category/Type: SENATE TX

C. Full Name (Last, First, Middle Initial): DASHPAC
Mailing Address: 424 C St NE
City: Washington | State: DC | Zip Code: 20002-5818
Purpose of Disbursement: LEADERSHIP PAC CONTRIBUTION
Candidate Name:
Office Sought: House / Senate / President — X
State: District
Disbursement For: Primary / General / X Other (specify) SPECIAL
Transaction ID: D429200214E3026
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 2500.00
Category/Type: LEADERSHIP PAC CONTRIBUTION

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

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 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

Office Sought: House / Senate / President

State: District

Disbursement For: 2002 Primary X General Other (specify)

Category/Type: COMMITTEE CONTRIBUTION

Transaction ID: D429200214E3034
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 5000.00

B. 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: 2002 Primary X General Other (specify)

Category/Type: COMMITTEE CONTRIBUTION

Transaction ID: D429200214E3035
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Comm

Mailing Address 120 Maryland Ave NE

City: Washington | State: DC | Zip Code: 20002-5610

Purpose of Disbursement: COMMITTEE CONTRIBUTION

Candidate Name

Office Sought: House / Senate / President

State: District

Disbursement For: 2002 Primary X General Other (specify)

Category/Type: COMMITTEE CONTRIBUTION

Transaction ID: D429200214E3036
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **15000.00**

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): John Dingell
Mailing Address: 607 14th St NW
City: Washington | State: DC | Zip Code: 20005-2000
Purpose of Disbursement: HOUSE MI-16
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D6182D027E3137
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 1000.00
HOUSE MI-16

B.
Full Name (Last, First, Middle Initial): John Dingell
Mailing Address: 607 14th St NW
City: Washington | State: DC | Zip Code: 20005-2000
Purpose of Disbursement: HOUSE MI-16
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D6182D027E3138
Date of Disbursement: 04 / 11 / 2002
Amount of Each Disbursement this Period: 1000.00
HOUSE MI-16

C.
Full Name (Last, First, Middle Initial): Doyle For Congress Committee
Mailing Address: 2227 Hampton St
City: Pittsburgh | State: PA | Zip Code: 15218-1833
Purpose of Disbursement: HOUSE PA-18
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: 0422200218E2997
Date of Disbursement: 04 / 11 / 2002
Amount of Each Disbursement this Period: 1000.00
HOUSE PA-18

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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 Melissa Brown
Mailing Address: PO Box 498
City: Flourtown | State: PA | Zip Code: 19031-0498
Purpose of Disbursement: HOUSE PA-13
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D5132D025E3066
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 5000.00
HOUSE PA-13

B.
Full Name (Last, First, Middle Initial): Gephardt In Congress Committee
Mailing Address: 7435 Watson Rd
City: Saint Louis | State: MO | Zip Code: 63119-4403
Purpose of Disbursement: HOUSE MO-3
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D429200214E3028
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 5000.00
HOUSE MO-3

C.
Full Name (Last, First, Middle Initial): Goode For Congress
Mailing Address: 235 S Main St
City: Rocky Mount | State: VA | Zip Code: 24151-1708
Purpose of Disbursement: HOUSE VA-5
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: 0422200218E2999
Date of Disbursement: 04 / 11 / 2002
Amount of Each Disbursement this Period: 2000.00
HOUSE VA-5

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **12000.00**

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)

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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:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: D4222D0218E3000
Date of Disbursement: 04 / 11 / 2002
Amount of Each Disbursement this Period: 1000.00
HOUSE MO-9

B.
Full Name (Last, First, Middle Initial): John Sullivan For Congress
Mailing Address: 6130 S Maplewood Suite B
City: Tulsa | State: OK | Zip Code: 74136-
Purpose of Disbursement: HOUSE OK-1
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: D519200214E3224
Date of Disbursement: 04 / 11 / 2002
Amount of Each Disbursement this Period: 1000.00
HOUSE OK-1

C.
Full Name (Last, First, Middle Initial): Kind For Congress Committee
Mailing Address: 205 5th Avenue South Suite 428
City: La Crosse | State: WI | Zip Code: 54601-
Purpose of Disbursement: HOUSE WI-3
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: 0422200218E3001
Date of Disbursement: 04 / 11 / 2002
Amount of Each Disbursement this Period: 1000.00
HOUSE WI-3

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 3000.00

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): Ron Lewis
Mailing Address: PO Box 307
City: Elizabethtown State: KY Zip Code: 42702-0307
Purpose of Disbursement: HOUSE KY-3
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: D61820027E3134
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 1000.00
HOUSE KY-3

B.
Full Name (Last, First, Middle Initial): Lone Star Fund
Mailing Address: 607 14th St NW
City: Washington State: DC Zip Code: 20005-2000
Purpose of Disbursement: LEADERSHIP PAC CONTRIBUTION
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: Primary / General / X Other (specify) SPECIAL
Transaction ID: D4222D0218E2996
Date of Disbursement: 04 / 11 / 2002
Amount of Each Disbursement this Period: 1500.00
LEADERSHIP PAC CONTRIBUTION

C.
Full Name (Last, First, Middle Initial): John Matheussen
Mailing Address: 703 Richmond Ave
City: Point Pleasant Bea State: NJ Zip Code: 08742-3041
Purpose of Disbursement: SENATE NJ
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary / General / Other (specify)
Transaction ID: D61820027E3163
Date of Disbursement: 04 / 05 / 2002
Amount of Each Disbursement this Period: 1000.00
SENATE NJ

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3500.00**

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): 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: Primary / General / X Other (specify) SPECIAL
Category/Type: COMMITTEE CONTRIBUTION
Transaction ID: D4292D0214E3040
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 5000.00

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: Primary / General / X Other (specify) SPECIAL
Category/Type: COMMITTEE CONTRIBUTION
Transaction ID: D4292D0214E3035
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): Next Century Fund
Mailing Address: 118 S Royal St
City: Alexandria | State: VA | Zip Code: 22314-3328
Purpose of Disbursement: LEADERSHIP PAC CONTRIBUTION
Candidate Name:
Office Sought: House / Senate / President
State: District
Disbursement For: Primary / General / X Other (specify) SPECIAL
Category/Type: LEADERSHIP PAC CONTRIBUTION
Transaction ID: D4292D0214E3025
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **12000.00**

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): 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: 2002 Primary X General Other (specify)
Transaction ID: D4232D020E3013
Date of Disbursement: 04 / 11 / 2002
Amount of Each Disbursement this Period: 1000.00
HOUSE-NJ-6

B.
Full Name (Last, First, Middle Initial): Pascrell For Congress, Inc
Mailing Address: 63 Quartz Ln
City: Paterson | State: NJ | Zip Code: 07501-3346
Purpose of Disbursement: HOUSE NJ-6
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2002 X Primary General Other (specify)
Transaction ID: D4222D0218E3003
Date of Disbursement: 04 / 11 / 2002
Amount of Each Disbursement this Period: 1000.00
HOUSE NJ-6

C.
Full Name (Last, First, Middle Initial): Pete Stark Re-election Committee
Mailing Address: PO Box 8331
City: Fremont | State: CA | Zip Code: 94537-8331
Purpose of Disbursement: HOUSE CA-13
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District
Disbursement For: 2002 X Primary General Other (specify)
Transaction ID: 0619200214E3225
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 1000.00
HOUSE CA-13

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3000.00**

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): Jim Ramstad Volunteer Committee
Mailing Address: 1809 Plymouth Rd, Suite 310
City: Hopkins | State: MN | Zip Code: 55305-1980
Purpose of Disbursement: HOUSE MN-3
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 — X Primary / General / Other (specify)
Transaction ID: D4292D0214E3030
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE MN-3

B.
Full Name (Last, First, Middle Initial): Republican National Committee
Mailing Address: 310 1st St SE
City: Washington | State: DC | Zip Code: 20003-1865
Purpose of Disbursement: COMMITTEE CONTRIBUTION
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: Primary / General / X Other (specify) SPECIAL
Transaction ID: D4292D0214E3039
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 5000.00
Category/Type: COMMITTEE CONTRIBUTION

C.
Full Name (Last, First, Middle Initial): Steve Rothman For Congress Inc
Mailing Address: PO Box 714
City: Hackensack | State: NJ | Zip Code: 07602-0714
Purpose of Disbursement: HOUSE NJ-9
Candidate Name:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 — X Primary / General / Other (specify)
Transaction ID: D619D0214E3223
Date of Disbursement: 04 / 11 / 2002
Amount of Each Disbursement this Period: 1000.00
Category/Type: HOUSE NJ-9

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): 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:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D4222D0218E3006
Date of Disbursement: 04 / 11 / 2002
Amount of Each Disbursement this Period: 2000.00
HOUSE WI-1

B.
Full Name (Last, First, Middle Initial): John Shadegg For Congress
Mailing Address: PO Box 45444
City: Phoenix | State: AZ | Zip Code: 85064-5444
Purpose of Disbursement: HOUSE AZ-4
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D4292D0214E3031
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 2000.00
HOUSE AZ-4

C.
Full Name (Last, First, Middle Initial): Vic Snyder
Mailing Address: PO Box 250998
City: Little Rock | State: AR | Zip Code: 72225-0998
Purpose of Disbursement: HOUSE AR-2
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D61820027E3121
Date of Disbursement: 04 / 05 / 2002
Amount of Each Disbursement this Period: 2500.00
HOUSE AR-2

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 6500.00

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): Mark Souder
Mailing Address: PO Box 400
City: Grabill | State: IN | Zip Code: 46741-0400
Purpose of Disbursement: HOUSE IN-4
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D61820027E3133
Date of Disbursement: 04 / 05 / 2002
Amount of Each Disbursement this Period: 2000.00
HOUSE IN-4

B.
Full Name (Last, First, Middle Initial): Anne Sumers
Mailing Address: 1200 E Ridgewood Ave 2nd Fl West Wing
City: Ridgewood | State: NJ | Zip Code: 07450-
Purpose of Disbursement: HOUSE NJ-5
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D61820027E3175
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 5000.00
HOUSE NJ-5

C.
Full Name (Last, First, Middle Initial): Anne Sumers
Mailing Address: 1200 E Ridgewood Ave 2nd Fl West Wing
City: Ridgewood | State: NJ | Zip Code: 07450-
Purpose of Disbursement: HOUSE NJ-5. XFER TO OTHER SUMERS I
Candidate Name:
Category/Type:
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: 051320025E3067
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: -5000.00
HOUSE NJ-5. XFER TO OTHER SUMERS I

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

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): Anne Sumers For Congress
Mailing Address: PO Box 624
City: Paramus State: NJ Zip Code: 07653-0624
Purpose of Disbursement: HOUSE NJ-5
Candidate Name
Category/Type: HOUSE NJ-5
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D1222D0348E3346
Date of Disbursement: 04 / 26 / 2002
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial): Pat Toomey For Congress Committee
Mailing Address: 2720 Jordan Rd
City: Orefield State: PA Zip Code: 18069-9470
Purpose of Disbursement: HOUSE PA-15
Candidate Name
Category/Type: HOUSE PA-15
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: D4222D0218E3006
Date of Disbursement: 04 / 11 / 2002
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): Jerry Weller For Congress, Inc
Mailing Address: PO Box 15283
City: Washington State: DC Zip Code: 20003-0283
Purpose of Disbursement: AS DISCLOSED IN 2/02 MONTHLY
Candidate Name
Category/Type: [MEMO ITEM] MEMO: AS DISCLOSED IN 2/02 MONTHLY
Office Sought: House / Senate / President / State: District
Disbursement For: 2002 X Primary General / Other (specify)
Transaction ID: 0510D0258E3062
Date of Disbursement: 04 / 16 / 2002
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 6000.00

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)
Jerry Weller For Congress, Inc

Mailing Address PO Box 15283

City: Washington
State: DC
Zip Code: 20003-0283

Purpose of Disbursement
REDESIGNATION OF 3/02 CONTRIBUTION

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2002
Primary / X General / Other (specify)

Transaction ID: D5102D0258E3063
Date of Disbursement
04 / 16 / 2002

Amount of Each Disbursement this Period
1000.00

[MEMO ITEM]
MEMO: REDESIGNATION OF 3/-02 CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional) ..... ▶	0.00
TOTAL This Period (last page this line number only) ..... ▶	85500.00

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