REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
American Academy of Ophthalmology, Inc. Political Committee (OPTHPAC)

ADDRESS (number and street) [ ] Check if different than previously reported
655 Beach Street

CITY, STATE and ZIP CODE
San Francisco, CA 94109

2. FEC IDENTIFICATION NUMBER
C00196146

3. [ ] This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report

[ ] July 15 Quarterly Report

[ ] October 15 Quarterly Report

[ ] January 31 Year End Report

[ ] July 31 Mid Year Report (Non-election Year Only)

[ ] Termination Report

Monthly Report Due On:

[ ] February 20	[ ] June 20	[X] October 20
[ ] March 20	[ ] July 20	[ ] November 20
[ ] April 20	[ ] August 20	[ ] December 20
[ ] May 20	[ ] September 20	[ ] January 31

[ ] Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

[ ] Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? [ ] YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5 Covering Period September 1 through September 30, 1993		
6 (a) Cash on Hand January 1, 19 93		$ 173,447.71
(b) Cash on Hand at Beginning of Reporting Period	$ 211,886.85	
(c) Total Receipts (from Line 19)	$ 37,327.39	$ 294,208.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 249,214.24	$ 467,656.68
7 Total Disbursements (from Line 30)	$ 7,226.68	$ 225,669.68
8 Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 241,987.56	$ 241,987.56
9 Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
Paula E. Lent

Signature of Treasurer
Paula E. Lent

Date
October 20, 1993

NOTE Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 1/1/91)

9303865160

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(Revised 1/1/91)

NAME OF COMMITTEE: American Academy of Ophthalmology, Inc. Political

REPORT COVERING PERIOD FROM TO

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	28,483.33	236,436.66
ii. Unitemized	8,540.00	55,428.04
iii. Total (add i and ii) ➤	37,023.33	291,864.70
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	37,023.33	291,864.70
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		21.40
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	304.06	2,322.87
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	37,327.39	294,208.97
20. Total Federal Receipts (subtract line 18 from line 19) ➤	37,327.39	291,864.70
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	176.68	9,619.12
c. Total Operating Expenditures (Add a i, a ii, and b) ➤	176.68	9,619.12
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	209,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	7,050.00	7,050.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ➤	7,050.00	7,050.00
29. Other Disbursements		2,500.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	9,726.68	228,169.12
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	9,726.68	228,169.12
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	37,023.33	291,864.70
33. Total Contribution Refunds (from line 28d)	7,050.00	7,050.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	29,973.33	284,814.70
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	176.68	9,619.12
36. Offsets to Operating Expenditures (from line 15)		21.40
37. Net Operating Expenditures (subtract line 36 from 35) ➤	67.03	9,619.12

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SCHEDULE A — ITEMIZED RECEIPTS

For each category of the Detailed Summary Page: 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc. Political Committee (OPHTHPAC)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Union Bank, 50 California Street, San Francisco, CA 94109	N/A / N/A	09/30/93	201.27
Receipt For: [ ] Primary [ ] General [X] Other (specify): Income Interest	Aggregate Year-to-Date > $		
B. Dean Witter Reynolds, Inc., 167 East Second Avenue, San Mateo, CA 94401	N/A / N/A	09/30/93	51.79
Receipt For: [ ] Primary [ ] General [X] Other (specify): Income Interest	Aggregate Year-to-Date > $		
C. American Express, 2423 E Lincoln Drive, Phoenix AZ 85016	N/A / N/A	09/30/93	51.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

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

TOTAL This Period (last page this line number only) 304.06

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES

SCHEDULE A

FROM 09/01/93 TO 09/30/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Manzo MD*Thomas L 1329 East High Street Pottstown PA 19464	Self-Employed PHYSICIAN	09/20/93	500.00	500.00
Rossman III MD*Allen N 13122 120th Avenue NE Kirkland WA 98034	Self-Employed PHYSICIAN	09/20/93	300.00	300.00
Back MD*M Douglas 1701 Nicholasville Road Lexington KY 40503	SELF EMPLOYED PHYSICIAN	09/21/93	500.00	500.00
Mims III MD*James L Suite 511 311 Camden San Antonio TX 78215	Self-Employed OPHTHALMOLOGIST	09/02/93	250.00	250.00
Whitaker MD*Thomas A 900 Medical Circle Myrtle Beach SC 29572-4114	E Carolina Eye Ctr OPHTHALMOLOGIST	09/27/93	300.00	300.00
Depenbusch MD*Francis L 1708 East 23rd Street Hutchinson KS 67502	HUTCHINSON EYE PHYSI OPHTHALMOLOGIST	09/29/93	500.00	800.00
Aquilla MD*Joseph B Kent and Queen Anne's Hospital Brown Street Medical Building Chestertown MD 21620	OPHTHALMOLOGIST	09/13/93	500.00	500.00
Hagopian MD*Varant Suite 414 300 Mount Auburn Street Cambridge MA 02238	Self-Employed OPHTHALMOLOGIST	09/20/93	1000.00	1000.00
	SUBTOTAL		3850.00	

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 09/01/93 TO 09/30/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Jung MD*J Marshall 64 Doctors Park Cape Girardeau MO 63701-4989	Eye Consultants Inc PHYSICIAN	09/13/93	250.00	250.00
Burns MD*Christine L Box 871 Crystal Beach FL 34681-0871	Suncoast Eye Center OPHTHALMOLOGIST	09/27/93	300.00	400.00
Greenseid MD*David I 225 Boston Street Lynn MA 01904	DAVID GREENSEID MD C OPHTHALMOLOGIST	09/29/93	1000.00	1000.00
Young MD*John A 1600 East Third Street Charlotte NC 28204	OPHTHALMOLOGIST	09/27/93	300.00	300.00
Silverman MD*Bonnie S 475 Tuckahoe Road Yonkers NY 10710	SELF-EMPLOYED OPHTHALMOLOGIST	09/23/93	333.33	966.66
Hovyas MD*Herbert J 2 Bala Plaza 333 City Line Avenue Bala Cynwyd PA 19004	Self-Employed OPHTHALMOLOGIST	09/24/93	1000.00	1000.00
Baker MD*Walter J 213 Washington Road Pittsburgh PA 15228	OPHTHALMOLOGIST	09/07/93	250.00	250.00
Forczynski MD*Elise Apartment 1203 1755 East 55th Street Chicago IL 60615-5972	Self employed PHYSICIAN	09/21/93	200.00	500.00
	SUBTOTAL		3633.33	

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES

SCHEDULE A

FROM 09/01/93 TO 09/30/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Rico MD*Alexander Glen 9398 Ridgetop Blvd NW Silverdale WA 98383	Univ CA Irvine OPHTHALMOLOGIST	09/10/93	1000.00	1000.00
Gillian MD*Robert M Suite 2 117 Medical Drive Victoria TX 77904	SELF OPHTHALMOLOGIST	09/28/93	300.00	300.00
Miller MD*Frederick S Maine Eye Center 15 Lowell Street Portland ME 04102	Maine Eye Center PHYSICIAN	09/27/93	500.00	650.00
Lensink MD*Daniel B Suite 208 7202 North Millbrook Fresno CA 93720	OPHTHALMOLOGIST	09/17/93	250.00	250.00
Kath MD*Philip W 335 East Parker Road Morganton NC 28655	MORGANTON EYE PHYSIC OPHTHALMOLOGIST	09/07/93	500.00	500.00
Nelson MD*J Daniel Dept Ophth/St Paul Ramsey 640 Jackson Street St Paul MN 55101	OPHTHALMOLOGIST	09/20/93	250.00	250.00
Shulman MD*David G 8606 Village Drive San Antonio TX 78217	N San Antonio Eye PHYSICIAN	09/27/93	500.00	500.00
Alpern MD*Louis M 2201 North Stanton El Paso TX 79902	Self-Employed PHYSICIAN	09/03/93	500.00	500.00
	SUBTOTAL		3800.00	

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 09/01/93 TO 09/30/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Cohen MD^Joel S 10734 FM 1960 West Houston TX 77070	SelfEmployed PHYSICIAN	09/29/93	250.00	250.00
Schartenberg MD FACS^Judith B Fraser Eye Care Center 33080 Utica Rd PO Box 26010 Fraser MI 48026-6010	Associated Phy's PC OPHTHALMOLOGIST	09/23/93	300.00	300.00
Pinke MD^James R Shelton Medical Center 9 Cots Street/Suite I-A Shelton CT 06484	Self-Employed OPHTHALMOLOGIST	09/27/93	300.00	300.00
Fountain MD^James A 8424 Naab Road Suite 2A Indianapolis IN 46260	JAF MB INC PHYSICIAN	09/13/93	1000.00	1300.00
Willi MD^Martha J 421 River Valley Plaza 331 Fulton Street Peoria IL 61602	Self-Employed PHYSICIAN	09/27/93	500.00	500.00
Gordon MD^Peter A Suite C-120 500 Irvin Court Decatur GA 30030	RICE BUELL MCDUALL OPHTHALMOLOGIST	09/13/93	250.00	250.00
Sadowski MD^Lawrence E Suite 139 2112 West Jefferson Street Joliet IL 60435	Self-Employed OPHTHALMOLOGIST	09/03/93	500.00	500.00
Weber MD^Richard Suite 103 1275 Summer Street Stamford CT 06903	OPHTHALMOLOGIST	09/27/93	1000.00	1000.00
	SUBTOTAL		4100.00	

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 09/01/93 TO 09/30/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Finger MD*Paul T Div of Ocular Tumor & Orbit 300 Community Drive Manhasset NY 11030	North Shore Univ Hsp OPHTHALMOLOGIST	09/27/93	100.00	500.00
Rubin MD*Lawrence 4277 Hempstead Tnpk Suite 109 Bethpage NY 11714	SELF-EMPLOYED OPHTHALMOLOGIST	09/24/93	250.00	250.00
Campbell MD*Philip D Suite 100 1124 Weisgarber Road NW Knoxville TN 37909	SELF-EMPLOYED PHYSICIAN	09/28/93	250.00	250.00
Waters MD*John A 5067 West Bristol Road Flint MI 48507	OPHTHALMOLOGIST	09/27/93	1000.00	1000.00
Katz MD*Steven J 1931 Williamsbridge Road Bronx NY 10461	Self-Employed OPHTHALMOLOGIST	09/27/93	100.00	400.00
Mulaney MD*Jay 1247 Lakeland Hills Boulevard Lakeland FL 33805	OPHTHALMOLOGIST	09/27/93	250.00	250.00
Cherne MD*Scott A Suite 1 1415 Pearl Street Eugene OR 97401	OPHTHALMOLOGIST	09/22/93	250.00	250.00
Tucker MD*Charles Howell 640 Hill Street Griffin GA 30223	SELF-EMPLOYED OPHTHALMOLOGIST	09/20/93	300.00	300.00
	SUBTOTAL		2500.00	

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 09/01/93 TO 09/30/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Chung MD*Sophia Mihe Bethesda Eye Institute 3655 Vista Avenue St Louis MO 63110	ST LOUIS MED CENT OPHTHALMOLOGIST	09/20/93	300.00	300.00
Reinar MD*Allan J Suite 220 393 East Town Street Columbus OH 43215	OPHTHALMOLOGIST	09/27/93	500.00	500.00
Parker MD*John Steven 3505 Westchester Road Birmingham AL 35223	VETERANS ADMINISTRAT OPHTHALMOLOGIST	09/14/93	250.00	250.00
Charlton*Anne 4123 E Prospector Drive Salt Lake City UT 84121	OPHTHALMOLOGIST	09/03/93	300.00	300.00
Wong*Lynn P 78 Lovers Lane Princeton NJ 08540	OPHTHALMOLOGIST	09/07/93	300.00	300.00
Pechous*Ronna C 2222 Simpson Street Dubuque IA 52003	OPHTHALMOLOGIST	09/07/93	300.00	300.00
Khoury*Jeanne B 380 Dreshertown Rd Fort Washington PA 19034	OPHTHALMOLOGIST	09/08/93	300.00	300.00
Moretsky*Barbara F 7461 E Northern Avenue Scottsdale AZ 85250	OPHTHALMOLOGIST	09/10/93	500.00	500.00
	SUBTOTAL		2750.00	

93038651688

CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 09/01/93 TO 09/30/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Forgach*Kathleen A 406 International Drive Williamsville NY 14221	OPHTHALMOLOGIST	09/17/93	300.00	300.00
Oakley*Barbara S 12 Case Street Norwich Ct 06360	OPHTHALMOLOGIST	09/17/93	250.00	250.00
Morrison*Linda L Skaggs Medical Plaza I 101 Skaggs Road Suite 201 Branson MO 65616	OPHTHALMOLOGIST	09/23/93	300.00	300.00
Putman*Michele D 3250 Kennedy Memorial Drive Waterville ME 04901	OPHTHALMOLOGIST	09/24/93	250.00	250.00
Garcia*Dorothy 1414 Bridge Boulevard South West Albuquerque NM 87105	OPHTHALMOLOGIST	09/28/93	250.00	250.00
Griffin MD PC*John F 475 Irving Avenue Suite 420 Syracuse NY 13210-1703	OPHTHALMOLOGIST #1	09/03/93	300.00	300.00
Cherney MD Inc*Edward F 1818 Verdugo Blvd Suite 204 Attn: Arlyn Glendale CA 91208	OPHTHALMOLOGIST #1	09/07/93	500.00	500.00
Gerald MD PA*Robert E 6 Cloister Parkway Amarillo TX 79121	OPHTHALMOLOGIST #1	09/08/93	500.00	500.00
	SUBTOTAL		2650.00	

#1 CORP. FUNDS REFUNDED
SEE SCHEDULE B - 28A

93038651689

CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 09/01/93 TO 09/30/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Bay Eye Clinic PC 3585 Broadway North Bend OR 97459	OPHTHALMOLOGIST #1	09/09/93	1000.00	1000.00
Sankar MD PC*Krishna 201 Interstate Drive Covington VA 24426	OPHTHALMOLOGIST #1	09/10/93	1000.00	1000.00
August MD Inc*Laurence M 520 North Prospect Suite 206 Redondo Beach CA 90277	OPHTHALMOLOGIST #1	09/13/93	300.00	300.00
West County Ophthalmology Inc 222 South Woods Mill Road Chesterfield MO 63117	OPHTHALMOLOGIST #1	09/13/93	300.00	300.00
Retinal Institute Of Louisiana P O Box 87066 New Orleans LA 70187	OPHTHALMOLOGIST #1	09/16/93	1000.00	1000.00
Desert Eye Institute Inc 1461 State Street El Centro CA 92243	OPHTHALMOLOGIST #1	09/17/93	250.00	250.00
J I C Equipment Fund P O Box 249 Cheyenne WY 82001	OPHTHALMOLOGIST	09/20/93	300.00	300.00
Dinsmore MD Inc*Stephen C 19000 Hawthorne Boulevard Suite 110 Torrance CA 90503	OPHTHALMOLOGIST #1	09/22/93	300.00	300.00
	SUBTOTAL		4450.00	

#1 CORP. FUNDS REFUNDED
SEE SCHEDULE B-28A

93038651690

CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 09/01/93 TO 09/30/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Brodell Medical Inc 2660 East Market Street Warren OH 44483 # 1	OPHTHALMOLOGIST	09/27/93	500.00	500.00
Texas Eye Institute 7777 Southwest Freeway 916 Houston TX 77074 # 1	OPHTHALMOLOGIST	09/27/93	250.00	250.00
	SUBTOTAL		750.00	
	*** TOTAL ***		28483.33	

1 CORP. FUNDS REFUNDED
SEE SCHEDULE B-28A

93038651691

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER 28A

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NAME OF COMMITTEE (in Full)

OPHTHPAC - AMERICAN ACADEMY OF OPHTHALMOLOGY, INC POLITIC COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WEST COUNTY OPHTHALMOLOGY INC 222 SOUTH WOODS HILL ROAD CHESTERFIELD MO 63117	RETURN CORP CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/30/93	300.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
RETINAL INSTITUTE OF LOUISIANA P O BOX 870666 NEW ORLEANS LA 70187	RETURN CORP CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/30/93	1000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
DESERT EYE INSTITUTE INC 1461 STATE STREET EL CENTRO CA 92243	RETURN CORP CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/30/93	250.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
STEPHEN C DINSMORE MD INC 19000 HAWTHORNE BLVD, SUITE 110 TORRANCE CA 90503	RETURN CORP CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/30/93	300.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
BRODELL MEDICAL INC 2660 EAST MARKET STREET WARREN OH 44483	RETURN CORP CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/30/93	500.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
TEXAS EYE INSTITUTE 7777 SOUTHWEST FREEWAY 916 HOUSTON TX 77074	RETURN CORP CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/30/93	250.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
JOHN F GRIFFIN MD PC 475 IRVING AVENUE, SUITE 420 SYRACUSE NY 13210-1703	RETURN CORP CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/30/93	300.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
EDWARD F CHERNEY MD INC ATTENTION: ARLYN 1818 BERDUGO BOULEVARD GLENDALE CA 91208	RETURN CORP CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/30/93	500.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
ROBERT E GERALD MD PA 6 CLOISTER PARKWAY AMARILLO TX 79121	RETURN CORP CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	09/30/93	500.00

SUBTOTAL of Disbursements This Page (optional) 3900.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

FOR LINE NUMBER 28A

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)

OPHTHPAC - AMERICAN ACADEMY OF OPHTHALMOLOGY, INC POLITIC COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for: Primary, General, Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. BAY EYE CLINIC PC 3585 BROADWAY NORTH BEND OR 97459	RETURN CORP CONTRIBUTION X Other (specify)	09/30/93	1000.00
B. KRISHNA SANKAR MD PC 201 INTERSTATE DRIVE COVINGTON CA 24426	RETURN CORP CONTRIBUTION X Other (specify)	09/30/93	1000.00
C. LAWRENCE N AUGUST MD INC 520 NORTH PROSPECT, SUITE 206 REDONDO BEACH CA 90277	RETURN CORP CONTRIBUTION X Other (specify)	09/30/93	300.00
D.	Disbursement for: Primary, General, Other (specify)		
E.	Disbursement for: Primary, General, Other (specify)		
F.	Disbursement for: Primary, General, Other (specify)		
G.	Disbursement for: Primary, General, Other (specify)		
H.	Disbursement for: Primary, General, Other (specify)		
I.	Disbursement for: Primary, General, Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 2300.00

TOTAL This Period (last page this line number only) 6200.00

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc. Political Committee (OPHTHPAC)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Union Bank 50 California Street San Francisco, CA 94109	Mastercard/Visa fees Disbursement for: [ ] Primary [ ] General [X] Other (specify) YTD	09/30/93	176.68
B. American Express 2423 E. Lincoln Drive Phoenix, AZ 85016	Merchant fees Disbursement for: [ ] Primary [ ] General [X] Other (specify) YTD		
C. Union Bank 50 California Street San Francisco, CA 94109	Banking fee-analysis Disbursement for: [ ] Primary [ ] General [X] Other (specify) YTD		
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) 176.68

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CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES

SCHEDULE B

FROM 09/01/93 TO 09/30/93

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NAME AND ADDRESS	DISBURSEMENT PURPOSE	DATE	AMOUNT
ROWLAND FOR CONGRESS COMMITTEE PO BOX 1345 DUBLIN GA 31040	HOUSE /8 /GA 1994/PRIMARY	09/14/93	2000.00
THE WILSON COMMITTEE 4604 DEMING AVENUE ALEXANDRIA VA 22312	DEBT RETIREMENT HOUSE /2ND /TX 1992/OTHER	09/14/93	1000.00
DURENBERGER VOLUNTEER COM 1093 GRAND AVENU #272 ST PAUL MN 55105	SENATE / /MN 1994/PRIMARY	09/01/93	1000.00-
HATCHLEY FOR CONGRESS P O BOX 4309 MIDDLETOWN RI 02840	HOUSE /1 /RI 1994/PRIMARY	09/01/93	500.00-
HALL FOR CONGRESS PO BOX 711 ROCKWALL TX 75087	HOUSE /4TH /TX 1994/PRIMARY	09/14/93	1000.00
PORTER FOR CONGRESS PO BOX 7126 DEERFIELD IL 60015	HOUSE /10 /IL 1994/PRIMARY	09/07/93	1000.00
WALLOP SENATE DRIVE 1200 NORTH VEITCH #628 ARLINGTON VA 22201	SENATE / /WY 1994/PRIMARY	09/01/93	1000.00-
	SUBTOTAL		2500.00
	*** TOTAL ***		2500.00

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 10/22/93
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

E.S.
PREPARER

10/25/93
DATE PREPARED

FEC FORM 70-2 (12/92)

9 3 0 3 8 6 5 1 6 9 6