02/04/2002 18 : 39

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: X

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) — General (12G) — Runoff (12R) — Convention (12C) — Special (12S)

Election on _____ in the State of _____

(d) 30-Day **P**ost -Election Report for the: General (30G) — Runoff (30R) — Special (30S)

Election on _____ in the State of _____

5. Covering Period 01 01 2001 through 01 31 2001

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carol Beatty

Signature of Treasurer Electronically Filed by Carol Beatty — Date 02 01 2002

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

Office Use Only			**FEC FORM 3X** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 01 01 2001 To: 01 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		304048.64
(b) Cash on Hand at Begining of Reporting Period	304048.64	
(c) Total Receipts (from Line 19)	55187.07	55187.07
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	359235.71	359235.71
7. Total Disbursements (from Line 30)	31018.08	31018.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	328217.63	328217.63
9. Debts and Obligations owed **TO** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed **BY** the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

CA

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 01 01 2001 To: 01 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)	41663.75	
(ii) Unitemized	13523.32	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	55187.07	55187.07
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	55187.07	55187.07
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	55187.07	55187.07
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	55187.07	55187.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	10868.08	10868.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	10868.08	10868.08
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	20000.00	20000.00
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	150.00	150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	150.00	150.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	31018.08	31018.08
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	31018.08	31018.08

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	55187.07	55187.07
33. Total Contribution Refunds (from Line 28(d))	150.00	150.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	55037.07	55037.07
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	10868.08	10868.08
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	10868.08	10868.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 47

[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): Peter Arrowsmith
Mailing Address: Arrowsmith Eye Institute — Ninth Floor 210-25th Ave North
City: Nashville — State: TN — Zip Code: 37203-
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 01 18 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 032320017C173808

B.
Full Name (Last, First, Middle Initial): Charles Dalton Ahrip
Mailing Address: Suite 302 — 854 W James Campbell Boulevard
City: Columbia — State: TN — Zip Code: 38401-
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C359769

C.
Full Name (Last, First, Middle Initial): Hal Belyeat
Mailing Address: Dean A McGee Eye Inst — 608 Stanton L Young Blvd
City: Oklahoma City — State: OK — Zip Code: 73104-
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C1349013

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

FOR LINE NUMBER: (check only one) PAGE 6 / 47

[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): John Barber
Mailing Address: St Francis Med Ctr/Ophth Dir 4401 Penn Ave/Ste 1D60
City: Pittsburgh State: PA Zip Code: 15224-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 032320017C992314

B.
Full Name (Last, First, Middle Initial): Allen Beardsley
Mailing Address: Box 2020
City: Havre State: MT Zip Code: 59501-2020
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C1741615

C.
Full Name (Last, First, Middle Initial): A Jon Berlin
Mailing Address: PO Box 511
City: South Freeport State: ME Zip Code: 04078-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General / Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 032320017C1274216

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1550.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 47

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

A.
Full Name (Last, First, Middle Initial): Priscilla Berry
Mailing Address: 8201 Preston # 140 A LB-23
City: Dallas State: TX Zip Code: 75225-6203
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C1580917

B.
Full Name (Last, First, Middle Initial): John Bishop
Mailing Address: 4707 Everhart #108
City: Corpus Christi State: TX Zip Code: 78411-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C2975518

C.
Full Name (Last, First, Middle Initial): Norman Blair
Mailing Address: 1905 W Taylor St
City: Chicago State: IL Zip Code: 60612-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C363419

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 8 / 47

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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 Braun
Mailing Address: 1729 Laurel Cove
City: Wichita State: KS Zip Code: 67206-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C336425

B.
Full Name (Last, First, Middle Initial): John Bullock
Mailing Address: 400 Westhampton Stn
City: Richmond State: VA Zip Code: 23226-3324
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C2665629

C.
Full Name (Last, First, Middle Initial): Walter Bundy
Mailing Address: Virginia Eye Institute 400 Westhampton Station
City: Richmond State: VA Zip Code: 23226-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C2076530

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 9 / 47

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

A.
Full Name (Last, First, Middle Initial): Charles Calhoun
Mailing Address: West Georgia Eye Care Center 2616 Warm Springs Rd
City: Columbus State: GA Zip Code: 31904-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C279032

B.
Full Name (Last, First, Middle Initial): Donald Chorr
Mailing Address: 1972 S Clinton Ave
City: Rochester State: NY Zip Code: 14618-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 01 22 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C1726239

C.
Full Name (Last, First, Middle Initial): D Jackson Coleman
Mailing Address: Weill Medical College of Cornell 525 E 68th St F-835
City: New York State: NY Zip Code: 10021-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C1074942

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1030.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 10 / 47

[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 Corbit
Mailing Address: 1415 Elm St
City: Manchester State: NH Zip Code: 03101-1325
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C182743

B.
Full Name (Last, First, Middle Initial): Gary Cowan
Mailing Address: 1350 S Main St 3200
City: Fort Worth State: TX Zip Code: 76104-7605
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 01 08 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 032320017C3038045

C.
Full Name (Last, First, Middle Initial): Elliot Davidoff
Mailing Address: Center For Sight 1371 W Main St
City: Newark State: OH Zip Code: 43055-3876
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C366346

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: (check only one) PAGE 11 / 47

[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): John Deaton
Mailing Address: 1500 S Magnolia Extension, Ste 206
City: Ocala State: FL Zip Code: 34471-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 032320017C2563747

B.
Full Name (Last, First, Middle Initial): Eric Del Piero
Mailing Address: 871 Cass St, Ste 200
City: Monterey State: CA Zip Code: 93940-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C3034448

C.
Full Name (Last, First, Middle Initial): Patrick Dennis
Mailing Address: 116-B Ashley Avenue
City: Charleston State: SC Zip Code: 29401-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 032320017C3495950

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: (check only one) PAGE 12 / 47

[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 Donohue
Mailing Address: 1245 Whitehorse Mercerville Rd, Ste 408
City: Hamilton | State: NJ | Zip Code: 08619-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C3365352

B.
Full Name (Last, First, Middle Initial): David Eifrig
Mailing Address: Dept of Ophth/ CB 7040, Univ of NC
City: Chapel Hill | State: NC | Zip Code: 27599-7040
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 01 18 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C806057

C.
Full Name (Last, First, Middle Initial): Sergul Erzurum
Mailing Address: Eye Care Assoc Inc, 1075 W Western Reserve Rd
City: Poland | State: OH | Zip Code: 44514-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 01 22 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C3436458

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1095.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 13 / 47

[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): Marcel Estopinal
Mailing Address: 397 Wallace Rd Ste 310
City: Nashville State: TN Zip Code: 37211-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C3744459

B.
Full Name (Last, First, Middle Initial): Paul Fecko
Mailing Address: 189 Townsend Ave
City: Birmingham State: MI Zip Code: 48009-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C934D61

C.
Full Name (Last, First, Middle Initial): Frank Fischer
Mailing Address: 400 Avenue K SE
City: Winter Haven State: FL Zip Code: 33880-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C523D64

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 14 / 47

[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): Brian Flowers
Mailing Address: 1201 Summit Ave
City: Fort Worth State: TX Zip Code: 76102-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 01 19 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C3683167

B.
Full Name (Last, First, Middle Initial): Robert Foster
Mailing Address: Cincinnati Eye Institute 10494 Montgomery Rd
City: Cincinnati State: OH Zip Code: 45242-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C3504689

C.
Full Name (Last, First, Middle Initial): Arthur Garela
Mailing Address: 11307 N Port Washington Rd #13W
City: Mequon State: WI Zip Code: 53092-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C611673

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1030.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one) PAGE 15 / 47

[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): John Glenn
Mailing Address: #101 2901 East 29th Street
City: Bryan State: TX Zip Code: 77802-2604
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C2248075

B.
Full Name (Last, First, Middle Initial): Joseph Greco
Mailing Address: 74 Alderbrook Dr
City: Topsfield State: MA Zip Code: 01983-2314
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C1041676

C.
Full Name (Last, First, Middle Initial): Carroll Haines
Mailing Address: Suite A 515 Thompson St
City: Eden State: NC Zip Code: 27288-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 01 19 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C2507780

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1030.00**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one) PAGE 16 / 47

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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 Harmon
Mailing Address: Levacy & Harmon Eye Ctr, 3345 Plaza Ten Dr Ste B
City: Beaumont State: TX Zip Code: 77707-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 22 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C3602981

B.
Full Name (Last, First, Middle Initial): Bryan Hernard
Mailing Address: 8120 Main St Ste 402
City: Houma State: LA Zip Code: 70360-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 08 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C151282

C.
Full Name (Last, First, Middle Initial): Steven Henslee
Mailing Address: 2100 North Ave
City: Columbus State: GA Zip Code: 31901-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 200.00
Receipt
Transaction ID: 032320017C3077983

SUBTOTAL of Receipts This Page (optional) ..... ▶ **800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 17 / 47

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

A.
Full Name (Last, First, Middle Initial): Steven Hensiee
Mailing Address: 2100 North Ave
City: Columbus State: GA Zip Code: 31901-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 100.00
Receipt
Transaction ID: 032320017C3078084

B.
Full Name (Last, First, Middle Initial): Stanley Hersh
Mailing Address: 1201 W Main St Ste 100
City: Waterbury State: CT Zip Code: 06708-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 01 18 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 032320017C844585

C.
Full Name (Last, First, Middle Initial): Gary Hirshfield
Mailing Address: 42-31 Colden St Ste 102
City: Flushing State: NY Zip Code: 11355-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C344B787

SUBTOTAL of Receipts This Page (optional) ..... ▶ **650.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 18 / 47

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

A.
Full Name (Last, First, Middle Initial): Jack Hughes
Mailing Address: 2500 N Mayfair Rd Ste 200
City: Milwaukee State: WI Zip Code: 53226-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 18 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C463691

B.
Full Name (Last, First, Middle Initial): Mark Hughes
Mailing Address: 73 Chatham St
City: Brookline State: MA Zip Code: 02446-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 032320017C3504592

C.
Full Name (Last, First, Middle Initial): Robert Hutchins
Mailing Address: 3219 Clifton Ave #210
City: Cincinnati State: OH Zip Code: 45220-3029
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C1336793

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 19 / 47

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

A.
Full Name (Last, First, Middle Initial): Ivan Jacobs
Mailing Address: 4D Stirling Rd Ste 206
City: Watchung | State: NJ | Zip Code: 07060-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 18 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C370594

B.
Full Name (Last, First, Middle Initial): Mark Jank
Mailing Address: 1500 S Magnolia Ext Ste 206
City: Ocala | State: FL | Zip Code: 34471-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C3100895

C.
Full Name (Last, First, Middle Initial): George John
Mailing Address: 6420 Dutchmans Pkwy Ste 170
City: Louisville | State: KY | Zip Code: 40205-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 273.75
Date of Receipt: 01 19 2001
Amount of Each Receipt this Period: 273.75
Receipt
Transaction ID: 032320017C3507596

SUBTOTAL of Receipts This Page (optional) ..... ▶ **873.75**

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

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): Randolph Johnston
Mailing Address: Cheyenne Eye Clinic 1300 E 20th St
City: Cheyenne State: WY Zip Code: 82001-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 032320017C26858100

B.
Full Name (Last, First, Middle Initial): Joseph Jones
Mailing Address: 856 First St
City: Macon State: GA Zip Code: 31201-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C13851103

C.
Full Name (Last, First, Middle Initial): Dennis Khoury
Mailing Address: 8118 Bustleton Ave
City: Philadelphia State: PA Zip Code: 19152-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C297B109

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one) PAGE 21 / 47

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): James Klein
Mailing Address: Metropolitan Eye Center 21711 Greater Mack Ave
City: Saint Clair Shores State: MI Zip Code: 48080-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 032320017C2835111

B.
Full Name (Last, First, Middle Initial): William Kneuer
Mailing Address: 2535 Riverside Ave
City: Jacksonville State: FL Zip Code: 32204-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 032320017C29726113

C.
Full Name (Last, First, Middle Initial): Keranjit Kooner
Mailing Address: 5323 Harry Hines Blvd
City: Dallas State: TX Zip Code: 75390-9057
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C127114

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

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): G William Lazenby
Mailing Address: 1109 US Hwy 19 Ste B
City: Holiday State: FL Zip Code: 34691-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C12455117

B.
Full Name (Last, First, Middle Initial): Eligius Lelis
Mailing Address: 14488 Hawthorn Dr
City: Lemont State: IL Zip Code: 60439-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C33466123

C.
Full Name (Last, First, Middle Initial): David Lewis
Mailing Address: Ste GL-3 990 S Medical Dr
City: Brigham City State: UT Zip Code: 84302-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C23899126

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 23 / 47

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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 Todd Liegner
Mailing Address: Eye Care Northwest, 350 Sparta Ave Bldg A
City: Sparta State: NJ Zip Code: 07871-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 18 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 032320017C35832127

B.
Full Name (Last, First, Middle Initial): Luis Lu
Mailing Address: Elk County Eye Clinic, 785 Johnsonburg Rd
City: St Marys State: PA Zip Code: 15857-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C18064129

C.
Full Name (Last, First, Middle Initial): James Luebbers
Mailing Address: Ste D, 1420 Tara Hills Dr
City: Pinole State: CA Zip Code: 94564-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 032320017C8265130

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: (check only one) PAGE 24 / 47

[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 Manjoney
Mailing Address: 2720 Main St
City: Bridgeport State: CT Zip Code: 06606-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C32360133

B. Full Name (Last, First, Middle Initial): Theodore Marshburn
Mailing Address: 15925 E Whittier Blvd
City: Whittier State: CA Zip Code: 90603-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C4368138

C. Full Name (Last, First, Middle Initial): Benjamin Martin
Mailing Address: 4120 Del Prado Boulevard
City: Cape Coral State: FL Zip Code: 33904-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C4201139

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 25 / 47

[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): Gary Mason
Mailing Address: 7777 Southwest Fwy Ste 934
City: Houston State: TX Zip Code: 77074-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C397140

B.
Full Name (Last, First, Middle Initial): Mark McCarthy
Mailing Address: 802 Med Tower
City: Norfolk State: VA Zip Code: 23507-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C33515141

C.
Full Name (Last, First, Middle Initial): David McGarey
Mailing Address: 2352 N Fremont Blvd
City: Flagstaff State: AZ Zip Code: 86001-0956
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C36895142

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

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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): Rickey Dene Medlock
Mailing Address: 9800 Lile Dr Ste 500
City: Little Rock State: AR Zip Code: 72205-6229
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 19 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C32627144

B.
Full Name (Last, First, Middle Initial): Keith Mercer
Mailing Address: 14315 Quakerhill
City: Nevada City State: CA Zip Code: 95959-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C37308145

C.
Full Name (Last, First, Middle Initial): James Mims
Mailing Address: 311 Camden Ste 511
City: San Antonio State: TX Zip Code: 78215-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C2986147

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

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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): Richard Moors
Mailing Address: 1045 S Street
City: Fresno State: CA Zip Code: 93721-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C22130150

B.
Full Name (Last, First, Middle Initial): Sanford Morabky
Mailing Address: 2125 West Indian School Road
City: Phoenix State: AZ Zip Code: 85015-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 032320017C18863151

C.
Full Name (Last, First, Middle Initial): James Murphy
Mailing Address: 5202 Faraon St
City: Saint Joseph State: MO Zip Code: 64506-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C10367154

SUBTOTAL of Receipts This Page (optional) ..... ▶ **915.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 28 / 47

[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): G Peyton Neatrour
Mailing Address: 1201 First Colonial Rd
City: Virginia Beach State: VA Zip Code: 23454-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C21339155

B.
Full Name (Last, First, Middle Initial): Ngoc T Nguyen
Mailing Address: 175 N Jackson Ave Ste 209
City: San Jose State: CA Zip Code: 95116-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 01 08 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 032320017C36437156

C.
Full Name (Last, First, Middle Initial): Barbara Ann Nugent
Mailing Address: 3125 Matlock Rd Ste 105
City: Arlington State: TX Zip Code: 76015-2305
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C328D5158

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

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

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): Stephen Powell
Mailing Address: White Birch Towers, 1255 Pineview Dr
City: Morgantown State: WV Zip Code: 26505-2713
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C32846167

B. Full Name (Last, First, Middle Initial): Kevin Prendville
Mailing Address: 270 S Candy Ln Sta B
City: Cottonwood State: AZ Zip Code: 86326-4164
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C1896168

C. Full Name (Last, First, Middle Initial): David Puk
Mailing Address: Iowa Eye Center, 1650 First Ave NE
City: Cedar Rapids State: IA Zip Code: 52402-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C36789170

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1095.00**

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): Michael Redmond
Mailing Address: 8333 North Davis Highway
City: Pensacola State: FL Zip Code: 32514-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 01 19 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 032320017C10178174

B.
Full Name (Last, First, Middle Initial): William Rich
Mailing Address: Ste 608 6231 Leesburg Pike
City: Falls Church State: VA Zip Code: 22044-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 032320017C3346177

C.
Full Name (Last, First, Middle Initial): Frederick Riehburg
Mailing Address: Valley Eye Institute 1680 East Herndon Ave
City: Fresno State: CA Zip Code: 93720-1234
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C5982178

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1615.00**

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): Michael Rosenberg
Mailing Address: 675 N Saint Clair St #15-150
City: Chicago State: IL Zip Code: 60611-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 032320017C5763181

B.
Full Name (Last, First, Middle Initial): David Rothberg
Mailing Address: 3820 Tampa Rd Ste 101
City: Palm Harbor State: FL Zip Code: 34684-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 18 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C268844182

C.
Full Name (Last, First, Middle Initial): Gary Rubin
Mailing Address: 7001 W Archer Ave
City: Chicago State: IL Zip Code: 60638-2201
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C184183

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A.
Full Name (Last, First, Middle Initial): Carolyn Sakauye
Mailing Address: Eye Medical Clinic of Fresno Inc 1360 E Herndon Ave #301
City: Fresno State: CA Zip Code: 93720-3326
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 01 19 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 032320017C25734184

B.
Full Name (Last, First, Middle Initial): C Drew Sanders
Mailing Address: 586 Emerald St
City: New Orleans State: LA Zip Code: 70124-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C15333187

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.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 032320017C23765188

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

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

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)
Krishna Sankar

Mailing Address
201 Interstate Dr

City: Covington | State: VA | Zip Code: 24426-

FEC ID number of contributing federal political committee.

Name of Employer: self
Occupation: Ophthalmologist

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 09 2001

Amount of Each Receipt this Period: 300.00

Receipt

Transaction ID: 032320017C16998189

B. Full Name (Last, First, Middle Initial)
Gordon Schwenk

Mailing Address
1500 S Magnolia Extension Ste# 206

City: Ocala | State: FL | Zip Code: 34471-

FEC ID number of contributing federal political committee.

Name of Employer: self
Occupation: Ophthalmologist

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 01 09 2001

Amount of Each Receipt this Period: 500.00

Receipt

Transaction ID: 032320017C23439194

C. Full Name (Last, First, Middle Initial)
Keran Segrist

Mailing Address
533 E Third St

City: Alton | State: IL | Zip Code: 62002-

FEC ID number of contributing federal political committee.

Name of Employer: self
Occupation: Ophthalmologist

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 01 11 2001

Amount of Each Receipt this Period: 300.00

Receipt

Transaction ID: 032320017C18319195

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

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Harris Silverman
Mailing Address: 6002 Pointe West Boulevard
City: Bradenton State: FL Zip Code: 34209-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 032320017C26366198

B.
Full Name (Last, First, Middle Initial): Eric Smith
Mailing Address: Suite 2-C 135 West Ravine
City: Kingsport State: TN Zip Code: 37660-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 032320017C33536201

C.
Full Name (Last, First, Middle Initial): Wayne Snyder
Mailing Address: Snyder Eye Clinic 1225 Fourth St NE
City: Watertown State: SD Zip Code: 57201-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 032320017C31567202

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

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

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): Stephen Sorokanich
Mailing Address: 521 Northern Blvd
City: Clarks Summit State: PA Zip Code: 18411-9024
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 22 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C30867204

B.
Full Name (Last, First, Middle Initial): Derek Sprunger
Mailing Address: Midwest Eye Inst 201 Pennsylvania Pky
City: Indianapolis State: IN Zip Code: 46280-1381
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C33503205

C.
Full Name (Last, First, Middle Initial): Robert Stamper
Mailing Address: UCSF Dept Ophthalmology 10 Kirkham St Rm K-301
City: San Francisco State: CA Zip Code: 94143-0730
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 032320017C11030206

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

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

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): Sydney Stapleton
Mailing Address: 1726 Metromedical Dr
City: Fayetteville State: NC Zip Code: 28304-3861
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C30072207

B.
Full Name (Last, First, Middle Initial): Mitchell Brian Stein
Mailing Address: 69 S Moger Ave
City: Mount Kisco State: NY Zip Code: 10549-2217
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C32088208

C.
Full Name (Last, First, Middle Initial): Melissa Shapiro Steinberg
Mailing Address: 158 High Street
City: Passaic State: NJ Zip Code: 07055-4812
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00
Date of Receipt: 01 19 2001
Amount of Each Receipt this Period: 375.00
Receipt
Transaction ID: 032320017C365D9209

SUBTOTAL of Receipts This Page (optional) ..... ▶ **975.00**

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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[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): Jonathan Stock
Mailing Address: Baraboo Regional Eye Associates 703 14th St
City: Baraboo State: WI Zip Code: 53913-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C34176212

B.
Full Name (Last, First, Middle Initial): Hunter Stokes
Mailing Address: 2424 Parkland Dr
City: Florence State: SC Zip Code: 29501-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C14920213

C.
Full Name (Last, First, Middle Initial): Gregory Sutton
Mailing Address: 1710 South 70th Street PO Box 6068
City: Lincoln State: NE Zip Code: 68506-6068
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 032320017C19992216

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

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

SCHEDULE A (FEC Form 3X)
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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): M David Thier
Mailing Address: 2100 Webster St Ste 212
City: San Francisco State: CA Zip Code: 94115-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C5248218

B.
Full Name (Last, First, Middle Initial): Anne Toney
Mailing Address: Lakeview Clinic Ltd 3000 Hundertmark Rd 5
City: Chaska State: MN Zip Code: 55318-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C37307221

C.
Full Name (Last, First, Middle Initial): Gregory Trubowitsch
Mailing Address: 741 Los Miradores Dr
City: El Paso State: TX Zip Code: 79912-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C35266222

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 39 / 47

[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 Ulmer
Mailing Address: 990 Sonoma Ave Ste 1D
City: Santa Rosa State: CA Zip Code: 95404-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C9726223

B.
Full Name (Last, First, Middle Initial): Alan Wagner
Mailing Address: 966 First Colonial Road Ste 105
City: Virginia Beach State: VA Zip Code: 23454-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 032320017C33117225

C.
Full Name (Last, First, Middle Initial): Paul Wagner
Mailing Address: 308 McHenry St
City: Burlington State: WI Zip Code: 53105-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C28233226

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1030.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 40 / 47

[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 Warren
Mailing Address: Suite 208 — 1500 South Magnolia Avenue
City: Ocala — State: FL — Zip Code: 34471-
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 032320017C32771228

B.
Full Name (Last, First, Middle Initial): Marc Weitzman
Mailing Address: Ophth Surgery of Gtr Bridgeport — 2371 Black Rock Turnpike
City: Fairfield — State: CT — Zip Code: 06432-
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 01 18 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 032320017C36068231

C.
Full Name (Last, First, Middle Initial): John Anderson Wells
Mailing Address: 2750 Laurel St Ste 101
City: Columbia — State: SC — Zip Code: 29204-
FEC ID number of contributing federal political committee.
Name of Employer: self — Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 01 18 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C35358233

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1050.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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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 Whitaker
Mailing Address: 2001 N MacArthur Blvd, Ste 425
City: Irving State: TX Zip Code: 75061-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 215.00
Date of Receipt: 01 11 2001
Amount of Each Receipt this Period: 215.00
Receipt
Transaction ID: 032320017C2622235

B.
Full Name (Last, First, Middle Initial): Kirk Winward
Mailing Address: #210 359 Eighth Ave
City: Salt Lake City State: UT Zip Code: 84103-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C33935236

C.
Full Name (Last, First, Middle Initial): Harold Woodcome
Mailing Address: 690 Eddy Street
City: Providence State: RI Zip Code: 02903-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 01 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 032320017C2583238

SUBTOTAL of Receipts This Page (optional) ..... ▶ **815.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)

[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)
Darrell Wudunn

Mailing Address
Indiana Univ Dept Ophth 702 Rotary Circle

City State Zip Code
Indianapolis IN 46202-

FEC ID number of contributing federal political committee.

Name of Employer
self

Occupation
Ophthalmologist

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
01 11 2001

Amount of Each Receipt this Period
300.00

Receipt

Transaction ID: 032320017C34776239

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	**300.00**
TOTAL This Period (last page this line number only)	▶	**41663.75**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.
Full Name (Last, First, Middle Initial)
Membership Marketing Srvcs Inc

Mailing Address
1280 Perimeter Parkway
City: Virginia Beach State: VA Zip Code: 23454-

Purpose of Disbursement
Marketing Exp

Candidate Name

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

Disbursement For: Primary / General / Other (specify)

Category/Type: Marketing Exp

Date of Disbursement: 01 / 02 / 2001

Amount of Each Disbursement this Period: 1314.20

Transaction ID: 0406200126E2729

B.
Full Name (Last, First, Middle Initial)
Membership Marketing Srvcs Inc

Mailing Address
1280 Perimeter Parkway
City: Virginia Beach State: VA Zip Code: 23454-

Purpose of Disbursement
Marketing Exp

Candidate Name

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

Disbursement For: Primary / General / Other (specify)

Category/Type: Marketing Exp

Date of Disbursement: 01 / 04 / 2001

Amount of Each Disbursement this Period: 286.08

Transaction ID: 0406200126E2731

C.
Full Name (Last, First, Middle Initial)
Specialties, Inc

Mailing Address
3615 Wisconsin Ave NW
City: Washington State: DC Zip Code: 20016-

Purpose of Disbursement
Lapel Pins for PAC

Candidate Name

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

Disbursement For: Primary / General / Other (specify)

Category/Type: Lapel Pins for PAC

Date of Disbursement: 01 / 02 / 2001

Amount of Each Disbursement this Period: 9267.80

Transaction ID: 0406200126E2730

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **10868.08**

TOTAL This Period (last page this line number only) ..... ▶ **10868.08**

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

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

A. Full Name (Last, First, Middle Initial)
Berkeley 2000

Mailing Address
3069 Conquista Ct
City: Las Vegas State: NV Zip Code: 89121-

Purpose of Disbursement
House NV-1

Candidate Name

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

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

Category/Type: House NV-1

Date of Disbursement: 01 02 2001

Amount of Each Disbursement this Period: 2000.00

Transaction ID: 0406200126E2723

B. Full Name (Last, First, Middle Initial)
Comm To Re-elect Marge Roukema

Mailing Address
Po Box 625
City: Ridgewood State: NJ Zip Code: 07451-0625

Purpose of Disbursement
House NJ-5

Candidate Name

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

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

Category/Type: House NJ-5

Date of Disbursement: 01 02 2001

Amount of Each Disbursement this Period: 2000.00

Transaction ID: 0406200126E2722

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

Mailing Address
405 S Decatur Blvd
City: Las Vegas State: NV Zip Code: 89107-2812

Purpose of Disbursement
Senate NV

Candidate Name

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

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

Category/Type: Senate NV

Date of Disbursement: 01 02 2001

Amount of Each Disbursement this Period: 2500.00

Transaction ID: 0406200126E2727

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

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): Friends Of Jane Harman
Mailing Address: PO Box 96
City: Torrance State: CA Zip Code: 90507-
Purpose of Disbursement: House CA-36
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / X Other (specify) DEBT RETIREMENT
Category/Type: House CA-36
Date of Disbursement: 01 02 2001
Amount of Each Disbursement this Period: 2000.00
Transaction ID: 0406200126E2724

B.
Full Name (Last, First, Middle Initial): Friends Of Jim Maloney Inc
Mailing Address: 20 E Main St Ste 235
City: Waterbury State: CT Zip Code: 06702-2909
Purpose of Disbursement: House CT-5
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / X Other (specify) DEBT RETIREMENT
Category/Type: House CT-5
Date of Disbursement: 01 02 2001
Amount of Each Disbursement this Period: 2000.00
Transaction ID: 0406200126E2721

C.
Full Name (Last, First, Middle Initial): Friends of George Allen-Gen El Debt Re
Mailing Address: 1329 Cary St, Suite 201
City: Richmond State: VA Zip Code: 23219-
Purpose of Disbursement: Senate VA
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / X Other (specify) DEBT RETIREMENT
Category/Type: Senate VA
Date of Disbursement: 01 02 2001
Amount of Each Disbursement this Period: 5000.00
Transaction ID: 0406200126E2728

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **9000.00**

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

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

A.
Full Name (Last, First, Middle Initial)
Schiff For Congress

Mailing Address
555 Capitol Mall, Suite 1425

City	State	Zip Code
Sacramento	CA	95814-

Purpose of Disbursement
House CA-27

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / X Other (specify) ▼
DEBT RETIREMENT

Date of Disbursement
01 02 2001

Amount of Each Disbursement this Period
2000.00

House CA-27

Transaction ID: 0406200126E2725

B.
Full Name (Last, First, Middle Initial)
Lincoln Chafee For US Senate

Mailing Address
1800 Post Rd, Suite 13

City	State	Zip Code
Warwick	RI	02888-

Purpose of Disbursement
Senate RI

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / X Other (specify) ▼
DEBT RETIREMENT

Date of Disbursement
01 02 2001

Amount of Each Disbursement this Period
2500.00

Senate RI

Transaction ID: 0406200126E2726

C.

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

TOTAL This Period (last page this line number only) ..... ▶ **20000.00**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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☐ 26 ☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29

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

A.

Full Name (Last, First, Middle Initial)
Troy Elander

Mailing Address
242 26th St

City: Santa Monica
State: CA
Zip Code: 90402-

Purpose of Disbursement
Refund of Contribution refund of contrib

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement
01 19 2001

Amount of Each Disbursement this Period
150.00

Transaction ID: 0521200154E2B11

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**150.00**
TOTAL This Period (last page this line number only) ..... ▶	**150.00**