05/13/2002 12 : 48

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼ 655 Beach Street

Check if different than previously reported. (ACC)

San Francisco | CA | 94109 –

2. **FEC IDENTIFICATION NUMBER** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00196246

3. IS THIS REPORT — NEW (N) **OR** X AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) X	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 06 01 2001 through 06 30 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 04 23 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: 06 01 2001 To: 06 30 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		294648.65
(b) Cash on Hand at Begining of Reporting Period	191115.42	
(c) Total Receipts (from Line 19)	2594.60	125375.87
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	193710.02	420024.52
7. Total Disbursements (from Line 30)	76293.84	302608.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	117416.18	117416.18
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: 06 01 2001 To: 06 30 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)	1475.00	
(ii) Unitemized	1100.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	2575.00	125253.43
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	2575.00	125253.43
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 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.)	19.60	122.44
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) ..... ▶	2594.60	125375.87
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	2594.60	125375.87

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	293.84	71458.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	293.84	71458.34
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	76000.00	231000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	150.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	76293.84	302608.34
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	76293.84	302608.34
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	2575.00	125253.43
33. Total Contribution Refunds (from Line 28(d))	0.00	150.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	2575.00	125103.43
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	293.84	71458.34
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	293.84	71458.34

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 / 22

[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): William Kean
Mailing Address: 1925 W Broadway
City: Louisville State: KY Zip Code: 40203-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 245.00
Date of Receipt: 06 18 2001
Amount of Each Receipt this Period: 125.00
Receipt
Transaction ID: 0620200130C379504

B.
Full Name (Last, First, Middle Initial): Patrick King
Mailing Address: 911 W Third
City: Yankton State: SD Zip Code: 57078-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 06 28 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0717200125C379615

C.
Full Name (Last, First, Middle Initial): Thomas Magness
Mailing Address: 290 Chestnut Street
City: Coshocton State: OH Zip Code: 43812-
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: 06 18 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0620200130C379537

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 22

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

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

A.
Full Name (Last, First, Middle Initial): Paul Sternberg
Mailing Address: Emory Univ Eye Clinic, 1365-B Clifton Rd
City: Atlanta State: GA Zip Code: 30322-
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: 06 18 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0620200130C3785113

B.
Full Name (Last, First, Middle Initial): Steve Weber
Mailing Address: Glacier Eye Clinic, 160 Heritage Way
City: Kalispell State: MT Zip Code: 59901-3144
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: 06 28 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0717200125C3786816

C.

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

TOTAL This Period (last page this line number only) ..... ▶ **1475.00**

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 / 22

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

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

Mailing Address
Po Box 24512

City: San Francisco
State: CA
Zip Code: 94124-0512

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Date of Receipt
06 30 2001

Amount of Each Receipt this Period
19.60

Other Receipt

Receipt For:
Primary X General
Other (specify) ▼

Aggregate Year-to-Date ▼
122.44

Transaction ID: 0717200125C37970

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶	**19.60**
TOTAL This Period (last page this line number only) ..... ▶	**19.60**

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)
Union Bank

Mailing Address
Po Box 24512

City: San Francisco
State: CA
Zip Code: 94124-0512

Purpose of Disbursement
UB cking acct exp Jun01

Candidate Name

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

Disbursement For: Primary / General / Other (specify)

Category/Type

Date of Disbursement
06 30 2001

Amount of Each Disbursement this Period
293.84

UB cking acct exp Jun01

Transaction ID: 0717200126E2855

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **293.84**

TOTAL This Period (last page this line number only) ..... ▶ **293.84**

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)
American Academy Of

Mailing Address
Po Box 7424 Ophthalmology

City: San Francisco
State: CA
Zip Code: 94120-7424

Purpose of Disbursement
Other Memo Belongs in PAC Admin Fund

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary General / Other (specify)

Date of Disbursement
06 28 2001

Amount of Each Disbursement this Period
2085.00

[MEMO ITEM]
MEMO:Belongs in PAC Admin Fund

Transaction ID: 0717200126E2852

B.

C.

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

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)
☐ 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): Anna Eshoo For Congress
Mailing Address: 555 Capitol Mall, Suite 1425
City: Sacramento State: CA Zip Code: 95814-
Purpose of Disbursement: House-CA 14
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary General / Other (specify)
Category/Type: House-CA 14
Date of Disbursement: 06 08 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 062020013DE2B28

B.
Full Name (Last, First, Middle Initial): Becerra For Congress
Mailing Address: Po Box 261060
City: Los Angeles State: CA Zip Code: 90026-0878
Purpose of Disbursement: House-CA 30
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary General / Other (specify)
Category/Type: House-CA 30
Date of Disbursement: 06 08 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 062020013DE2B34

C.
Full Name (Last, First, Middle Initial): Brady For Congress
Mailing Address: Po Box 8277
City: The Woodlands State: TX Zip Code: 77387-8277
Purpose of Disbursement: House-TX 8
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary General / Other (specify)
Category/Type: House-TX 8
Date of Disbursement: 06 08 2001
Amount of Each Disbursement this Period: 2000.00
Transaction ID: 062020013DE2B33

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial)
Comm To Re-elect Vito Fossella

Mailing Address
2016 Mount Vernon Ave Fl 3
City: Alexandria State: VA Zip Code: 22301-1310

Purpose of Disbursement
House-NY 13

Candidate Name

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

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

Date of Disbursement: 06 / 08 / 2001

Amount of Each Disbursement this Period: 1000.00

Category/Type: House-NY 13

Transaction ID: 062020013DE2B27

B.
Full Name (Last, First, Middle Initial)
Congressman Joe Barton Committee

Mailing Address
Po Box 1444
City: Ennis State: TX Zip Code: 75120-1444

Purpose of Disbursement
House-TX 6

Candidate Name

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

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

Date of Disbursement: 06 / 08 / 2001

Amount of Each Disbursement this Period: 1000.00

Category/Type: House-TX 6

Transaction ID: 062020013DE2B37

C.
Full Name (Last, First, Middle Initial)
Cooksey For Senate

Mailing Address
PO Box 7600
City: Monroe State: LA Zip Code: 71211-7600

Purpose of Disbursement
Senate LA

Candidate Name

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

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

Date of Disbursement: 06 / 08 / 2001

Amount of Each Disbursement this Period: 5000.00

Category/Type: Senate LA

Transaction ID: 062020013DE2B31

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial): Hooley For Congress
Mailing Address: PO Box 2050
City: Salem State: OR Zip Code: 97309-
Purpose of Disbursement: House-OR 5
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 06 08 2001
Amount of Each Disbursement this Period: 1000.00
Category/Type: House-OR 5
Transaction ID: 062020013DE2B22

B.
Full Name (Last, First, Middle Initial): Democratic Congressional Campaign Comm
Mailing Address: 430 S Capitol St Se
City: Washington State: DC Zip Code: 20003-4024
Purpose of Disbursement: Committee Contribution
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / X General / Other (specify)
Date of Disbursement: 06 21 2001
Amount of Each Disbursement this Period: 5000.00
Category/Type: Committee Contribution
Transaction ID: 0717200126E2B50

C.
Full Name (Last, First, Middle Initial): Democratic National Committee
Mailing Address: 430 S Capitol St Se
City: Washington State: DC Zip Code: 20003-4024
Purpose of Disbursement: Committee Contribution
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / X General / Other (specify)
Date of Disbursement: 06 08 2001
Amount of Each Disbursement this Period: 5000.00
Category/Type: Committee Contribution
Transaction ID: 062020013DE2B15

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11000.00**

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)
Democratic Senatorial Campaign Comm

Mailing Address
430 S Capitol St Se
City: Washington | State: DC | Zip Code: 20003-4024

Purpose of Disbursement
Committee Contribution

Candidate Name

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

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

Date of Disbursement: 06 21 2001

Amount of Each Disbursement this Period: 5000.00

Category/Type: Committee Contribution

Transaction ID: 0717200126E2B49

B. Full Name (Last, First, Middle Initial)
Ed Bryant For Congress

Mailing Address
1715 Aaron Brenner Dr, 8th Fl
City: Memphis | State: TN | Zip Code: 38120-

Purpose of Disbursement
House-TN 7

Candidate Name

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

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

Date of Disbursement: 06 21 2001

Amount of Each Disbursement this Period: 1000.00

Category/Type: House-TN 7

Transaction ID: 0717200126E2B46

C. Full Name (Last, First, Middle Initial)
Ehrlich For Congress Committee

Mailing Address
1301 York Rd Ste 705
City: Lutherville | State: MD | Zip Code: 21093-6010

Purpose of Disbursement
House-MD 2

Candidate Name

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

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

Date of Disbursement: 06 08 2001

Amount of Each Disbursement this Period: 2000.00

Category/Type: House-MD 2

Transaction ID: 062020013DE2B29

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

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

Mailing Address
1301 York Rd Ste 705
City: Lutherville
State: MD
Zip Code: 21093-6010

Purpose of Disbursement
House-MD 2

Candidate Name

Category/Type

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

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

Date of Disbursement: 06 / 21 / 2001

Amount of Each Disbursement this Period: 1000.00

House-MD 2

Transaction ID: 0717200126E2B47

B.
Full Name (Last, First, Middle Initial)
Fletcher For Congress

Mailing Address
Po Box 4703
City: Lexington
State: KY
Zip Code: 40544-4703

Purpose of Disbursement
House-KY 6

Candidate Name

Category/Type

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

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

Date of Disbursement: 06 / 08 / 2001

Amount of Each Disbursement this Period: 1000.00

House-KY 6

Transaction ID: 062020013DE2B26

C.
Full Name (Last, First, Middle Initial)
Fletcher For Congress

Mailing Address
3220 Stowers Dr
City: Monroe
State: LA
Zip Code: 71201-

Purpose of Disbursement
House-LA 5

Candidate Name

Category/Type

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

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

Date of Disbursement: 06 / 08 / 2001

Amount of Each Disbursement this Period: 2000.00

House-LA 5

Transaction ID: 062020013DE2B25

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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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 Dave Weldon
Mailing Address: Po Box 968
City: Melbourne State: FL Zip Code: 32902-0968
Purpose of Disbursement: House-FL 15
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 06 21 2001
Amount of Each Disbursement this Period: 1000.00
Category/Type: House-FL 15
Transaction ID: 0717200126E2B41

B.
Full Name (Last, First, Middle Initial): Friends Of Houghton
Mailing Address: Po Box 1107
City: Corning State: NY Zip Code: 14830-0907
Purpose of Disbursement: House-NY 31
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 06 08 2001
Amount of Each Disbursement this Period: 1000.00
Category/Type: House-NY 31
Transaction ID: 062020013DE2B21

C.
Full Name (Last, First, Middle Initial): Friends Of Max Baucus
Mailing Address: Po Box 596
City: Helena State: MT Zip Code: 59624-0586
Purpose of Disbursement: Senate MT
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 06 08 2001
Amount of Each Disbursement this Period: 2500.00
Category/Type: Senate MT
Transaction ID: 062020013DE2B36

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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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 Max Baucus

Mailing Address
Po Box 586
City: Helena | State: MT | Zip Code: 59624-0586

Purpose of Disbursement
Senate MT

Candidate Name

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

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

Category/Type

Date of Disbursement: 06 / 08 / 2001

Amount of Each Disbursement this Period: 2500.00

Senate MT

Transaction ID: 062020013DE2B35

B. Full Name (Last, First, Middle Initial)
Friends Of Sam Johnson

Mailing Address
Po Box 860096
City: Plano | State: TX | Zip Code: 75086-0096

Purpose of Disbursement
House-TX 3

Candidate Name

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

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

Category/Type

Date of Disbursement: 06 / 21 / 2001

Amount of Each Disbursement this Period: 1000.00

House-TX 3

Transaction ID: 0717200126E2B43

C. Full Name (Last, First, Middle Initial)
Friends Of Sherrod Brown

Mailing Address
607 14th St Nw Ste 800
City: Washington | State: DC | Zip Code: 20005-2000

Purpose of Disbursement
House-OH 13

Candidate Name

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

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

Category/Type

Date of Disbursement: 06 / 08 / 2001

Amount of Each Disbursement this Period: 5000.00

House-OH 13

Transaction ID: 062020013DE2B32

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Gene Green Congressional Cmpgn
Mailing Address: PO Box 16128
City: Houston State: TX Zip Code: 77222-
Purpose of Disbursement: House-TX 24
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 06 08 2001
Amount of Each Disbursement this Period: 1000.00
Category/Type: House-TX 24
Transaction ID: 082020013DE2B23

B.
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: Voided check orig reptd 01/02/01
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / X Other (specify) SPECIAL
Date of Disbursement: 06 28 2001
Amount of Each Disbursement this Period: -5000.00
Category/Type: Voided check orig reptd 01/02/01
Transaction ID: 0717200126E2B54

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: Debt Retirement
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / X Other (specify) DEBT RETIREMENT
Date of Disbursement: 06 28 2001
Amount of Each Disbursement this Period: 5000.00
Category/Type: Debt Retirement
Transaction ID: 0717200126E2B53

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

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)
Hulshof For Congress

Mailing Address
Po Box 1621
City: Columbia State: MO Zip Code: 65205-1621

Purpose of Disbursement
House-MO 9

Candidate Name

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

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

Date of Disbursement: 06 / 21 / 2001

Amount of Each Disbursement this Period: 1000.00

Category/Type: House-MO 9

Transaction ID: 0717200126E2B48

B. Full Name (Last, First, Middle Initial)
Chris John for Congress Committee Inc

Mailing Address
PO Drawer 307
City: Crowley State: LA Zip Code: 70527-

Purpose of Disbursement
House-LA 7

Candidate Name

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

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

Date of Disbursement: 06 / 21 / 2001

Amount of Each Disbursement this Period: 1000.00

Category/Type: House-LA 7

Transaction ID: 0717200126E2B42

C. Full Name (Last, First, Middle Initial)
John Lewis For Congress

Mailing Address
Po Box 2323
City: Atlanta State: GA Zip Code: 30301-2323

Purpose of Disbursement
House-GA 5

Candidate Name

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

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

Date of Disbursement: 06 / 08 / 2001

Amount of Each Disbursement this Period: 1000.00

Category/Type: House-GA 5

Transaction ID: 062020013DE2B18

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
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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 Shadegg For Congress

Mailing Address
Po Box 45444
City: Phoenix State: AZ Zip Code: 85064-5444

Purpose of Disbursement
House-AZ 4

Candidate Name

Category/Type

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

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 06 21 2001

Amount of Each Disbursement this Period: 1000.00

House-AZ 4

Transaction ID: 0717200126E2B40

B.
Full Name (Last, First, Middle Initial)
Friends For Lampson

Mailing Address
984 Sunmeadow Dr
City: Beaumont State: TX Zip Code: 77708-

Purpose of Disbursement
House-TX 9

Candidate Name

Category/Type

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

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 06 08 2001

Amount of Each Disbursement this Period: 1000.00

House-TX 9

Transaction ID: 062020013DE2B19

C.
Full Name (Last, First, Middle Initial)
Levin For Congress Committee

Mailing Address
30636 Dequindre Rd
City: Warren State: MI Zip Code: 48092-4819

Purpose of Disbursement
House-MI 12

Candidate Name

Category/Type

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

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 06 21 2001

Amount of Each Disbursement this Period: 1000.00

House-MI 12

Transaction ID: 0717200126E2B44

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Martin Frost Campaign Comm
Mailing Address: 400 S Zang #1414
City: Dallas State: TX Zip Code: 75208-
Purpose of Disbursement: House-TX 24
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 06 08 2001
Amount of Each Disbursement this Period: 1000.00
Category/Type: House-TX 24
Transaction ID: 062020013DE2B24

B.
Full Name (Last, First, Middle Initial): National Republican Senatorial Committ
Mailing Address: Ronald Reagan Republican Center 425 2nd St NE
City: Washington State: DC Zip Code: 20002-
Purpose of Disbursement: Committee Contribution
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / X General / Other (specify)
Date of Disbursement: 06 21 2001
Amount of Each Disbursement this Period: 5000.00
Category/Type: Committee Contribution
Transaction ID: 0717200126E2B51

C.
Full Name (Last, First, Middle Initial): National Republican Senatorial Committ
Mailing Address: Ronald Reagan Republican Center 425 2nd St NE
City: Washington State: DC Zip Code: 20002-
Purpose of Disbursement: Committee Contribution
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / X Other (specify) SPECIAL
Date of Disbursement: 06 08 2001
Amount of Each Disbursement this Period: 5000.00
Category/Type: Committee Contribution
Transaction ID: 062020013DE2B17

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **11000.00**

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

A. Full Name (Last, First, Middle Initial)
Norwood for Congress

Mailing Address
Claussen Rd, PO Box 499

City: Augusta | State: GA | Zip Code: 30907-

Purpose of Disbursement
House-GA 10

Candidate Name

Office Sought: House / Senate / President

State: District:

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

Date of Disbursement: 06 / 21 / 2001

Amount of Each Disbursement this Period: 2500.00

Category/Type: House-GA 10

Transaction ID: 0717200126E2B45

B. Full Name (Last, First, Middle Initial)
Re-elect Nancy Johnson To Congress

Mailing Address
Po Box 1986

City: New Britain | State: CT | Zip Code: 06050-1986

Purpose of Disbursement
House-CT 6

Candidate Name

Office Sought: House / Senate / President

State: District:

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

Date of Disbursement: 06 / 08 / 2001

Amount of Each Disbursement this Period: 1500.00

Category/Type: House-CT 6

Transaction ID: 062020013DE2B20

C. Full Name (Last, First, Middle Initial)
Republican National Committee

Mailing Address
310-1st Street Se

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

Purpose of Disbursement
Committee Contribution

Candidate Name

Office Sought: House / Senate / President

State: District:

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

Date of Disbursement: 06 / 08 / 2001

Amount of Each Disbursement this Period: 5000.00

Category/Type: Committee Contribution

Transaction ID: 062020013DE2B16

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)
Reynolds For Congress

Mailing Address
171 Sullys Trail
City: Pittsford
State: NY
Zip Code: 14534-

Purpose of Disbursement
House-NY 27

Candidate Name

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

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

Category/Type: House-NY 27

Date of Disbursement: 06 21 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 0717200126E2B39

B.
Full Name (Last, First, Middle Initial)
Tom Davis For Congress

Mailing Address
6429 Downing Ct
City: Annandale
State: VA
Zip Code: 22003-2101

Purpose of Disbursement
House-VA 11

Candidate Name

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

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

Category/Type: House-VA 11

Date of Disbursement: 06 08 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 062020013DE2B30

C.

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

TOTAL This Period (last page this line number only) ..... ▶ **76000.00**