REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) eyePAC – Political Action Committee for American Society of Cataract and Refractive Surgery

ADDRESS (number and street) ☐ Check if different than previously reported

4000 Legato Rd., Ste. 850

CITY, STATE and ZIP CODE

Fairfax, VA 22033

RECEIVED FEDERAL ELECTION COMMISSION ADMINISTRATION

JUN 6 9 00 AM '94

2. FEC IDENTIFICATION NUMBER
C00171504

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

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

☐ Termination Report

Monthly Report Due On:

☐ February 20	☒ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

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

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 5-1-94 through 5-31-94		
6. (a) Cash on Hand January 1, 19 94		$ 258,596.32
(b) Cash on Hand at Beginning of Reporting Period	$ 261,432.75	
(c) Total Receipts (from Line 19)	$ 3,544.69	$ 18,433.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 264,977.44	$ 277,029.44
7. Total Disbursements (from Line 30)	$ 8,500.00	$ 20,552.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 256,477.44	$ 256,477.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ .00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ .00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Robert M. Sinskey, M.D.

Signature of Treasurer

Date
6-1-94

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

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE eyePAC - Political Action Committe for American Society of Cataract/Refractive Surgery

REPORT COVERING PERIOD FROM 5-1-94 TO: 5-31-94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	2,900.00	15,450.00
ii. Unitemized		
iii. Total (add i and ii) ➤	2,900.00	15,450.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	2,900.00	15,450.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	644.69	2,983.12
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	3,544.69	18,433.12
20. Total Federal Receipts (subtract line 18 from line 19) ➤	3,544.69	18,433.12
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,500.00	20,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤	.00	.00
29. Other Disbursements	.00	52.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	8,500.00	20,552.00
31 Total Federal Disbursements (subtract line 21 a II from line 30) ➤	8,500.00	20,552.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	8,500.00	15,540.00
33. Total Contribution Refunds (from line 28d)	.00	.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,500.00	15,540.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	.00	.00
36. Offsets to Operating Expenditures (from line 15)	.00	.00
37. Net Operating Expenditures (subtract line 36 from 35) ➤	.00	.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE OF

FOR LINE NUMBER

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) eyePAC - Political Action Committee for American Society of Cataract and Refractive Surgery

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard M. Low, M.D. 5A Fulling Mill Lane Hingham, MA 02043 Receipt For: Primary General Other (specify):	Self Ophthalmologist Aggregate Year-to-Date $ 100.00	5-12-94	$ 100.00
B. Mary Jane McCarron, M.D. 125 Pleasant St., #509 Brookline, MA 02146 Receipt For: Primary General Other (specify):	Self Ophthalmologist Aggregate Year-to-Date $ 100.00	5-18-94	100.00
C. Mrs. Robert H. Lehner, Jr. (Rebecca) 3907 Lighthouse Dr. Racine, WI 53402 Receipt For: Primary General Other (specify):	Occupation Aggregate Year-to-Date $ 100.00	5-18-94	100.00
D. Mrs. Adam Gordon (Maureen) Oak Ridge Rd. Lewistown, PA 17044 Receipt For: Primary General Other (specify):	Occupation Aggregate Year-to-Date $ 500.00	5-25-94	500.00
E. Thomas T. Chang, MD. 210 Canal St., #610 New YOrk, NY 10013 Receipt For: Primary General Other (specify):	Self Ophthalmologist Aggregate Year-to-Date $ 100.00	5-25-94	100.00
F. S. K. Cooper, M.D. 8314 E. Wilderness Way Shreveport, LA 71106 Receipt For: Primary General Other (specify):	Self Ophthalmologist Aggregate Year-to-Date $ 100.00	5-25-94	100.00
G. Earl L. Carpenter, M.D. 909-D Anna Ave., E Tuscaloosa, AL 35401 Receipt For: Primary General Other (specify):	Self Ophthalmologist Aggregate Year-to-Date $ 1,000.00	5-25-94	1,000.00

SUBTOTAL of Receipts This Page (optional) 2,000.00

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

2 4 0 3 9 1 2 7 0 4

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full) eyePAC - Political Action Committee for American Society of Cataract and Refractive Surgery

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Mrs. Arthur J. Schaefer (Elizabeth) 4 Smallwood Dr. Amherst, NY 14226 Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 100.00	5-25-94	100.00
B. David K. Harper, M.D. 265 Sunset Dr. SE Concord, NC 28025 Receipt For: Primary / General / Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	5-25-94	100.00
C. Paul N. Arnold, M.D. 1265 E. Primrose Springfield, MO 65804 Receipt For: Primary / General / Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	5-25-94	100.00
D. David B. Mallory, M.D. 12105 S. Wentworth Pl. Oklahoma City, OK 73170 Receipt For: Primary / General / Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 250.00	5-25-94	250.00
E. Andrew J. Levada, M.D. 640 Brooksvale Rd. Cheshire, CT 06410 Receipt For: Primary / General / Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 250.00	5-25-94	250.00
F. James D. Watson, M.D. 153 Deer Trails Way Sequim, WA 98382 Receipt For: Primary / General / Other (specify):	Self Occupation: Ophthalmologist Aggregate Year-to-Date $ 100.00	5-25-94	100.00
G. Full Name, Mailing Address and ZIP Code Receipt For: Primary / General / Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	2,900.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full) eyePAC - Political Action Committee for American Society of Cataract and Refractive Surgery

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Sands for Congress 908 Oakcrest Dr. Reidsville, NC 27320	'94 Primary Disbursement for: X Primary '94 ☐ General ☐ Other (specify)	5-2-94	$500.00
B. Full Name, Mailing Address and ZIP Code Republic Senate Council 425 Second St., NE Washington, DC	Contribution Membership fee Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-12-94	5,000.00
C. Full Name, Mailing Address and ZIP Code Susan Stokes for Cong Cmte P. O. Box 6714 Louisville, KY 40206	Contribution Disbursement for: XX Primary '94 ☐ General ☐ Other (specify)	5-23-94	2,000.00
D. Full Name, Mailing Address and ZIP Code Mike Bilirakis for Congress c/o Tucker & Wahlquist 1350 I ST. NW #870 Wash DC 20005	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-23-94	500.00
E. Full Name, Mailing Address and ZIP Code Cmte to re-elect Cong Edolphus Towns P. O. Box 2884, Wash DC20013	Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5-23-94	500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

TOTAL This Period (last page this line number only) $8,500.00

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☑	First Class Mail	POSTMARKED 6-2-94
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMH
PREPARER

6-6-94
DATE PREPARED

FEC FORM 70-2 (12/92)

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