REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

MAY 13 12 51 PM '96

1. NAME OF COMMITTEE (in full) Political Action Committee for American Society of Cataract & Refractive Surgery	
ADDRESS (number and street) ☐ Check if different than previously reported 4900 Legato Rd., #850	2. FEC IDENTIFICATION NUMBER C00171504
CITY, STATE and ZIP CODE Fairfax, VA 22033	3. [X] 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? [X] YES ☐ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 04/01/96 through 04/30/96		
6. (a) Cash on Hand January 1, 1996		$ 136,664.92
(b) Cash on Hand at Begining of Reporting Period	$ 133,731.01	
(c) Total Receipts (from line 19)	$ 1,690.62	$ 9,070.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 135,421.63	$ 145,135.81
7. Total Disbursements (from Line 30)	$ 6,275.00	$ 15,989.18
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 129,146.63	$ 129,146.63
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	

I Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and Complete

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

Type or Print Name Of Treasurer
Douglas D. Koch, M.D.

Signature of Treasurer

Date 6 May 96

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)

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

Revised (1/1/91)

NAME OF COMMITTEE: Political Action Committee for American Society of Cataract & Refractive Surgery

REPORT COVERING PERIOD FROM: 04/01/96 TO: 04/30/96

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)	500.00	3,250.00
ii. Unitemized	1,000.00	4,950.00
iii. Total (add i and ii) >	1,500.00	8,200.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a(iii),b and c) >	1,500.00	8,200.00
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.)	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.)	190.62	870.89
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	1,690.62	9,070.89
20. Total Federal Receipts (subtract line 18 from line 19) >	1,690.62	9,070.89
II. Disbursements		
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	0.00	0.00
c. Total Operating Expenditures (Add ai,aii, and bi) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	6,250.00	15,960.68
24. Independent Expenditures (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	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a,b, and c) >	0.00	0.00
29. Other Disbursements	25.00	28.50
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	6,275.00	15,989.18
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >	6,275.00	15,989.18
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	1,500.00	8,200.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	1,500.00	8,200.00
35. Total Federal Operating Expenditures (add 21 ai and 21 bi) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00

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Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
Political Action Committee for American Society of Cataract & Refractive Surgery

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
JEFFREY L. KEARFOTT M.D. 2624 LEXINGTON AVE., #340 SPRINGFIELD, OH 45503	SELF OPHTHALMOLOGIST	04/04/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
WILLIAM H. BRAY M.D. 1115 MAINE ST. QUINCY, IL 62301	SELF OPHTHALMOLOGIST	04/04/96	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 250.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day, Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	500.00
TOTAL this Period (Last page this line number only) ..... >	500.00

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Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 17

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In full)
Political Action Committee for American Society of Cataract & Refractive Surgery

A. Full Name, Mailing Address and Zip Code CRESTAR BANK 1445 NEW YORK AVE., NW WASHINGTON, DC 20005	Name of Employer Occupation	Date (Month day,Year) 04/30/96	Amount of Each Receipt this Period 190.62
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 870.89		
B. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
C. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
D. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
E. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
F. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	190.62
TOTAL this Period (Last page this line number only) >	190.62

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Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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)
Political Action Committee for American Society of Cataract & Refractive Surgery

A. Full Name, Mailing Address and Zip Code PEOPLE FOR GANSKE 5907 GRAND AVENUE DES MOINES, IA 50312	Purpose of Disbursement CHECK LOST/STOP PAYM ISSUED 4-3-96 Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day,Year) 04/03/96	Amount of Each Disb. this Period -2,000.00
B. Full Name, Mailing Address and Zip Code PEOPLE FOR GANSKE 5907 GRAND AVENUE DES MOINES, IA 50312	Purpose of Disbursement Greg Ganske, U.S. HOUSE 4th IA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1996	Date (Month day,Year) 04/08/96	Amount of Each Disb. this Period 2,000.00
C. Full Name, Mailing Address and Zip Code DEMOCRATIC NATIONAL COMMITTEE 430 SOUTH CAPITOL ST. WASHINGTON, DC 20003	Purpose of Disbursement MEMBERSHIP TO SAXOPHONE CLUB Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 04/10/96	Amount of Each Disb. this Period 250.00
D. Full Name, Mailing Address and Zip Code SHERROD BROWN 111 EDGEFIELD DR. ELYRIA, OH 44035	Purpose of Disbursement Sherrod Brown, U.S. HOUSE 13th OH Disbursement For: [ ] Primary [X] General [ ] Other (Specify) SPEC	Date (Month day,Year) 04/30/96	Amount of Each Disb. this Period 5,000.00
E. Full Name, Mailing Address and Zip Code LEE HAMILTON FOR CONGRESS P. O. BOX 99 JEFFERSONVILLE, IN 47130	Purpose of Disbursement Lee H. Hamilton, U.S. HOUSE 9th IN Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 04/30/96	Amount of Each Disb. this Period 500.00
F. Full Name, Mailing Address and Zip Code HALL FOR CONGRESS 1560 WILSON BLVD. #902 ARLINGTON, VA 22209	Purpose of Disbursement Ralph M. Hall, U.S. HOUSE 4th TX Disbursement For: [ ] Primary [X] General [ ] Other (Specify) 1996	Date (Month day,Year) 04/30/96	Amount of Each Disb. this Period 500.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ..... >	6,250.00
TOTAL this Period (Last page this line number only) ..... >	6,250.00

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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
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☐	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

HB — PREPARER

5-13-96 — DATE PREPARED

FEC FORM 70-2 (12/92)

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