REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE
San Francisco, CA 94109

2. FEC IDENTIFICATION NUMBER
C00196146

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

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

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ 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 02/01/93 through 02/28/93		
6	(a) Cash on Hand January 1, 19 93		$ 173,447.71
	(b) Cash on Hand at Beginning of Reporting Period	$ 221,468.52	
	(c) Total Receipts (from Line 19)	$ 13,180.87	$ 61,733.49
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 234,649.39	$ 235,181.20
7	Total Disbursements (from Line 30)	$ 7,534.19	$ 8,066.00
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 227,115.20	$ 227,115.20
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$	

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

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

Type or Print Name of Treasurer
Paula E. Lent

Signature of Treasurer
Paula E. Lent

Date 03/18/93

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

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

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

(revised 1/1/91)

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

REPORT COVERING PERIOD: FROM 02/01/93 TO: 02/28/93

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)	10,200.00	50,100.00
ii. Unitemized	2,912.04	11,483.04
iii. Total (add i and ii) ➤	13,112.04	61,583.04
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	13,112.04	61,583.04
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		21.40
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	68.83	129.05
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	13,180.87	61,733.49
20. Total Federal Receipts (subtract line 18 from line 19) ➤	13,180.87	61,733.49
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	4,034.19	4,566.00
c. Total Operating Expenditures (Add a i, a ii, and b)) ➤	4,034.19	4,566.00
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,500.00	3,500.00
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) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	7,534.19	8,066.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	7,534.19	8,066.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	13,112.04	61,583.04
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	13,112.04	61,583.04
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	4,034.19	4,566.00
36. Offsets to Operating Expenditures (from line 15)		21.40
37. Net Operating Expenditures (subtract line 36 from 35) ➤	4,034.19	5,544.60

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

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

	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Union Bank 50 California Street San Francisco, CA 94109 Receipt For: [ ] Primary [ ] General [X] Other (specify) Income Interest	N/A Occupation N/A Aggregate Year-to-Date $ 29.52	02/28/93	19.85
B. Full Name, Mailing Address and ZIP Code Dean Witter Reynolds, Inc. 167 East Second Avenue San Mateo, CA 94401 Receipt For: [ ] Primary [ ] General [X] Other (specify) Income Interest	N/A Occupation N/A Aggregate Year-to-Date $ 99.53	02/28/93	48.98
C. 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
D. 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
E. 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
F. 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
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)	68.83
TOTAL This Period (last page this line number only)	68.83

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21

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NAME OF COMMITTEE (In Full)

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. Union Bank 50 California Street San Francisco, CA 94109	Mastercard/Visa fees /Discover ☐ Primary ☐ General ☒ Other (specify) YTD 557.09	02/03/93 02/01/93	22.95 102.33
B. American Express 2423 E. Lincoln Drive Phoenix, AZ 85016	Merchant fees ☐ Primary ☐ General ☒ Other (specify) YTD		
C. Union Bank 50 California Street San Francisco, CA 94109	Banking fee-analysis ☐ Primary ☐ General ☒ Other (specify) YTD		
D. American Academy of Ophthalmology 655 Beach Street San Francisco CA 94109	Administrative Fees ☐ Primary ☐ General ☐ Other (specify) 3,908.91	02/19/93	3,908.91
E.	☐ Primary ☐ General ☐ Other (specify)		
F.	☐ Primary ☐ General ☐ Other (specify)		
G.	☐ Primary ☐ General ☐ Other (specify)		
H.	☐ Primary ☐ General ☐ Other (specify)		
I.	☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 4,034.19

TOTAL This Period (last page this line number only) 4,034.19

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ITEMIZED DISBURSEMENTS
CONTRIBUTIONS TO FEDERAL CANDIDATES AND OTHER POLITICAL COMMITTEES
SCHEDULE B
FROM 02/01/93 TO 02/28/93

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NAME AND ADDRESS	DISBURSEMENT PURPOSE	DATE	AMOUNT
DARDEN FOR CONGRESS PO BOX 4545 MARIETTA GA 30061	HOUSE /TN /GA 1994/PRIMARY	02/10/93	500.00
DIRK KEMPTHORNE SENATE 92 45 SECOND STREET NE WASHINGTON DC 20002	DEBT RETIREMENT SENATE / /ID 1992/OTHER	02/10/93	2000.00
BIRCH BAYH FOR SNTR COMM C/O IN DEM ST CNTRL COMM PO BOX 3366 INDIANAPOLIS IN 46206-3366	DEBT RETIREMENT SENATE / /IN 1980/OTHER	02/08/93	1000.00
		SUBTOTAL	3500.00
	*** TOTAL ***		3500.00

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 02/01/93 TO 02/28/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Fuller MD*Quain G Suite 500 7150 Greenville Avenue Dallas TX 75231	TX Retina Associates PHYSICIAN	02/04/93	300.00	300.00
Meredith MD*Travis A East Pavillion/Suite 17413 1 Barnes Hospital Plaza St Louis MO 63110	OPHTHALMOLOGIST	02/22/93	300.00	300.00
Schmidt MD*David M 1230 North Maple Road Ann Arbor MI 48103	Self-Employed OPHTHALMOLOGIST	02/16/93	300.00	300.00
Snider MD*Ned L 709 Broadway Quincy IL 62301-2708	NED L SNIDER MD PC OPHTHALMOLOGIST	02/10/93	300.00	300.00
Kraut MD*Joel A 16 Webster Street Brookline MA 02146-4938	Self-Employed PHYSICIAN	02/23/93	300.00	300.00
Benson MD*William E 910 East Willow Grove Avenue Philadelphia PA 19118	Self-Employed OPHTHALMOLOGIST	02/09/93	300.00	300.00
Squillante MD*Niel J Suite 2107 445 Park Avenue New York NY 10022	Self-Employed PHYSICIAN	02/26/93	300.00	300.00
Muldoon MD*Thomas O Suite 3A 115 East 61st Street New York NY 10021	SELF OPHTHALMOLOGIST	02/10/93	300.00	300.00
	SUBTOTAL		2400.00	

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 02/01/93 TO 02/28/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Copeland MD*Gary B 1629 Owen Drive Fayetteville NC 28304	Self-Employed OPHTHALMOLOGIST	02/16/93	300.00	300.00
Brinton MD*Daniel A 3300 Webster Street Suite 1110 Oakland CA 94609	SELF-EMPLOYED OPHTHALMOLOGIST	02/12/93	300.00	300.00
Carey MD*Thomas F 1300 Spring Street Seattle WA 98104	SELF PHYSICIAN	02/19/93	300.00	300.00
Greenspan MD*Irwin 205-20 32nd Avenue Bayside NY 11361	Self-Employed PHYSICIAN	02/16/93	300.00	300.00
Parrett MD*Cameron M 1020 Vintage Avenue St Helena CA 94574	SELF-EMPLOYED PHYSICIAN	02/03/93	300.00	300.00
Dagi MD*Linda Rabinowitz 210 Morgan Farm Drive Atlanta GA 30342	JOINER & GARINGER PC OPHTHALMOLOGIST	02/02/93	300.00	300.00
Neatrour MD*G Peyton Suite 103 840 First Colonial Road Virginia Beach VA 23451	NEVER/TOSCANO ASSOC. OPHTHALMOLOGIST	02/01/93	300.00	300.00
Hardy MD*Robert A Suite 260 112 La Casa Via Walnut Creek CA 94598	CONTRA COSTA COUNTY OPHTHALMOLOGIST	02/26/93	300.00	300.00
	SUBTOTAL		2400.00	

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 02/01/93 TO 02/28/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Zerdecki MD*John W 308 South Henderson Fort Worth TX 76104	Self-Employed PHYSICIAN	02/01/93	300 00	300 00
Monasterio MD*Renberto R TGP BOL #131 PO Box 52-0777 Miami FL 33152-0777	MD OPHTHALMOLOGIST	02/26/93	300.00	300.00
Allison MD*Mark E 6160 South Yale Avenue Tulsa OK 74136	SELF-EMPLOYED OPHTHALMOLOGIST	02/08/93	300.00	300.00
Rymer MD*Robert A Suite 373 8901 West 74th Street Shawnee Mission KS 66204	ROBERT REYMER MD PA OPHTHALMOLOGIST	02/11/93	300.00	300.00
Barakjian MD*Nazareth E Suite 102 2595 East Washington Blvd Pasadena CA 91107	Self-Employed PHYSICIAN	02/26/93	300.00	300.00
Bartolomei MD*Victoria Cond Madreselva Apt 1402 Calle Ebano #7 Guaynabo PR 00969	Self-Employed OPHTHALMOLOGIST	02/04/93	300.00	300.00
Diclementi MD*David 215 Lilly Road NE Olympia WA 98506	OLYMPIA EYE CLINIC PHYSICIAN	02/16/93	300.00	300.00
Lehner Jr MD*Robert H 1805 Spring STreet PO Box 1677 Racine WI 53401-1677	Eye Clinic of Racine OPHTHALMOLOGIST	02/12/93	300.00	300.00
	SUBTOTAL		2400.00	

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CONTRIBUTIONS FROM INDIVIDUALS OTHER THAN POLITICAL COMMITTEES
SCHEDULE A
FROM 02/01/93 TO 02/28/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Brookner MD*Andrew R 900 East 42th Street Brooklyn NY 11230	SELF-EMPLOYED OPHTHALMOLOGIST	02/19/93	300.00	300.00
Gealy Jr MD*W James 1495 Palm Street San Luis Obispo CA 93401	Self-Employed OPHTHALMOLOGIST	02/01/93	300.00	300.00
Boothe MD*William D 4020 21st Street Suite 3 PO Box 6190 Lubbock TX 79493-6190	SELF-EMPLOYED OPHTHALMOLOGIST	02/16/93	300.00	300.00
Marcelo MD*Elpidio T 302-24th Street Union City NJ 07087	SELF PHYSICIAN	02/05/93	300.00	300.00
Erickson MD*John C Olympia Eye Clinic 215 Lilly Road NE Olympia WA 98506	OLYMPIA EYE CLINIC OPHTHALMOLOGIST	02/16/93	300.00	300.00
Gilbard MD*Steven Suite 211 1520 South Dobson Road Mesa AZ 85202	Self-Employed PHYSICIAN	02/12/93	300.00	300.00
Steiner MD*Michael D 14031 Ambaum Boulevard SW Seattle WA 98166	Self-Employed OPHTHALMOLOGIST	02/03/93	300.00	300.00
DeVantier MD*Wayne Roger 3603 County Street Portsmouth VA 23707-3194	TIDEWATER EYE SURGEO OPHTHALMOLOGIST	02/25/93	300.00	300.00
	SUBTOTAL		2400.00	

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CONTRIBUTIONS FROM INDEVIDUALS OTHER THAN POLITICAL COMMITTEES

SCHEDULE A

FROM 02/01/93 TO 02/28/93

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NAME AND ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Siegal MD*Jeffrey T Suite 410 16244 South Military Trail Delray Beach FL 33484	OPHTHALMOLOGIST	02/10/93	300.00	300.00
Krieg MD*Carol A 1015 South Lincoln Road Escanaba MI 49829	US OPHTHALMOLOGY PC OPHTHALMOLOGIST	02/19/93	300.00	300.00

SUBTOTAL 600.00

*** TOTAL *** 10200.00

*** TOTAL *** .00

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 3/18/93
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

J.A.Q. — PREPARER

3/23/93 — DATE PREPARED

FEC FORM 70-2 (12/92)

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