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. (OPHTHPAC)

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

CITY, STATE and ZIP CODE
SAN FRANCISCO, CA 94109

RECEIVED FEDERAL ELECTION COMMISSION
OCT 23 12 22 PM '98

2. FEC IDENTIFICATION NUMBER
C00196246

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 [X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 9/1/98 through 9/30/98		
6. (a) Cash on Hand January 1, 19 98		$ 365,468.84
(b) Cash on Hand at Beginning of Reporting Period	$ 176,679.30	
(c) Total Receipts (from Line 18)	$ 4,862.78	$ 187,220.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 181,542.08	$ 552,688.95
7. Total Disbursements (from Line 30)	$ (1,772.22)	$ 369,374.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 183,314.30	$ 183,314.30
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	$ 0	

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
Paula E. Lent

Signature of Treasurer
Paula Short Lent

Date
10/19/98

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 8/93)

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 Committee (OPHTHPAC)

REPORT COVERING PERIOD FROM 9/1/98 TO: 9/30/98

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	3,300.00	152,630.00	11(a)(i)
ii. Unitemized	1,100.00	30,388.00	11(a)(ii)
iii. Total (add i and ii) ➤	4,400.00	183,018.00	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	4,400.00	183,018.00	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	462.78	4,202.11	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4,862.78	187,220.11	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,862.78	187,220.11	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		608.00	21(a)(i)
ii. Non-Federal Share		177.00	21(a)(ii)
b. Other Federal Operating Expenditures	227.78	1,835.03	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	227.78	2,620.03	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	(2,000.00)	366,754.62	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	(1,772.22)	369,374.65	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	(1,772.22)	369,374.65	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,400.00	183,018.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,400.00	183,018.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	227.78	2,443.03	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	227.78	2,443.03	37

4-00193

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 17

1

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NAME OF COMMITTEE (In Full)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Union Bank of California 350 California Street San Francisco, CA 94104	N/A	9/30/98	462.78
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	462.78

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American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)
Itemized Receipts
Contributions from Individuals Other than Political Committees
SCHEDULE A
From 09/01/98 To 09/30/98

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE	RECEIPT AMOUNT
Hoster Marlene R Wills Eye Hospital 900 Walnut Philadelphia PA 19107	Self-Employed Ophthalmologist	300.00	09/15/98	300.00
Miller Calvin L 328-A Cummings Street Abingdon VA 24210	Self-Employed Ophthalmologist	300.00	09/15/98	300.00
Novack Roger L 1127 Wilshire Blvd Suite 1620 Los Angeles CA 90017	RET CONS OF SO CA Ophthalmologist	300.00	09/15/98	300.00
Dissaler Jean Alyse 1025 Maine Street Quincy IL 62301	SELF-EMPLOYED Ophthalmologist	300.00	09/15/98	300.00
Medow Norman B 225 East 64th Street New York NY 10021	SELF Ophthalmologist	300.00	09/15/98	300.00
Berry Priscilla M 3532 Centenary Dallas TX 75225	SELF-EMPLOYED Ophthalmologist	300.00	09/15/98	300.00

Subtotal: 1,800.00

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)
Itemized Receipts
Contributions from Individuals Other than Political Committees
SCHEDULE A
From 09/01/98 To 09/30/98

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE	RECEIPT AMOUNT
Shreck James N 1307 South Willow North Platte NE 69101	Self-Employed Ophthalmologist	300.00	09/15/98	300.00
Mruczek Arthur W Sr Lake Plains Eye Center 500 Erie Street South Medina NY 14103	Self-Employed Ophthalmologist	300.00	09/15/98	300.00
Boldt H Culver Dept Ophth/University Of Iowa 200 Hawkins Drive Iowa City IA 52242-1091	JOHN HOPKINS HOSPITA Ophthalmologist	600.00	09/15/98	300.00
Bennett Steven Roy Vitreoretinal Surgery PA 6363 France Ave S Ste 570 Minneapolis MN 55435	Vitroretinal Surgery PA Ophthalmologist	300.00	09/23/98	300.00
Isbey Edward K Jr 495 Biltmore Avenue Asheville NC 28801	Self-Employed Ophthalmologist	300.00	09/23/98	300.00

Subtotal: 1,500.00

TOTAL: 3,300.00

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)
Itemized Receipts
Contributions from Individuals Other than Political Committees
SCHEDULE A
From 09/01/98 To 09/30/98

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NAME and ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Joyner Walton Suite 200 3900 Browning Place Raleigh NC 27609	SELF Ophthalmologist	09/15/98	100.00	100.00
Larkin Thomas P Suite 100 2480 South Downing Denver CO 80210	Self-Employed Ophthalmologist	09/15/98	150.00	150.00
Skuta Gregory L Dean A McGee Eye Institute 608 Stanton L Young Boulevard Oklahoma City OK 73104	UNIV OF MICHIGAN Ophthalmologist	09/15/98	150.00	150.00
Gutman Francis A Cleveland Clin Fdn Div of Ophth 9500 Euclid Ave Desk 31-A Cleveland OH 44195-5024	CLEV CLINIC Ophthalmologist	09/15/98	150.00	150.00
Podolsky Thomas L 1881 West 24th Street #C Yuma AZ 85364-6104	Self-Employed Ophthalmologist	09/15/98	100.00	100.00
Nowinski Thaddeus S Oculoplastic Department 900 Walnut Philadelphia PA 19107	Self-Employed Ophthalmologist	09/15/98	100.00	100.00

Subtotal: 750.00

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)
Itemized Receipts
Contributions from Individuals Other than Political Committees
SCHEDULE A
From 09/01/98 To 09/30/98

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NAME and ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Kruger Christopher J 142-50 32nd Avenue Flushing NY 11354	Ophthalmologist	09/23/98	100.00	100.00
Lorfel Ronald S 29927 West Six Mile Road Livonia MI 48152	Livonia Ophth Ophthalmologist	09/23/98	100.00	100.00
Geigert Todd W PO Box 770 Gloucester VA 23061	Gloucester Ophthalmic Ass. Ophthalmologist	09/23/98	100.00	100.00
Kemp Richard Galen Suite 105 1626 West 287 Business Waxahachie TX 75165-2204	Self-Employed Ophthalmologist	09/23/98	50.00	50.00

Subtotal: 350.00

TOTAL: 1,100.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 21B

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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	Date (month, day, year)	Amount of Each Disbursement This Period
Union Bank of California 350 California Street San Francisco, CA 94104	Merchant Fees Disbursement for: Primary General Other (specify)	9/30/98	218.53
Novus Services, Inc 12 Readsway New Castle, DE 19720	Merchant Fees Disbursement for: Primary General Other (specify)	9/4/98	7.00
American Express P.O.Box 53852 Phoenix, AZ 85072	Merchant Fees Disbursement for: Primary General Other (specify)	9/4/98	2.25
D. 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
E. 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
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) 227.78

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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 21b

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NAME OF COMMITTEE (In Full)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Anne Northup for Congress P.O.Box 7313 Louisville, KY 40257	Check Voided Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/30/98	(1,500.00)
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Morella for Congress Suite 450W 7315 Wisconsin Avenue Bethesda, MD 20317	Check Voided Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/30/98	(1,000.00)
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Mark Foley for Congress P.O.Box 30505 Palm Beach Gardens, FL 33420	Check Voided Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/30/98	(1,500.00)
D. 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
E. 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
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)	(4,000.00)
TOTAL This Period (last page this line number only)	2,000.00

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American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)
Itemized Disbursements
Contributions to Federal Candidates and Other Political Committees
Schedule B
From 09/01/98 To 09/30/98

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NAME and ADDRESS	DISBURSEMENT PURPOSE	DATE	AMOUNT
Hall for Congress Committee PO Box 711 Rockwall TX 75087	HOUSE / 4 / TX 98 / General	09/17/98	2,000.00

Subtotal: 2,000.00

TOTAL: 2,000.00

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 10/20/98
☐	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
☐	Electronic Filing	

PREPARER

10/23/98
DATE PREPARED

(4/98)