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 (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
MAY 23 12 27 PM '97

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
[X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/1/97 through 4/30/97		
6. (a) Cash on Hand January 1, 19 97		$ 189,584.53
(b) Cash on Hand at Beginning of Reporting Period	$ 204,507.56	
(c) Total Receipts (from Line 19)	$ 4,667.95	$ 47,595.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 209,175.51	$ 237,179.85
7. Total Disbursements (from Line 30)	$ 2,030.30	$ 30,034.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 207,145.21	$ 207,145.21
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 E. Lent Treasurer

Date
4/19/97

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: American Academy of Ophthalmology, Inc.

REPORT COVERING PERIOD FROM 4/1/97 TO: 4/30/97

Policical Committee (OPHTHPAC)

	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)	4,030.00	38,241.25	11(a)
ii. Unitemized	632.25	9,331.33	11(a)
iii. Total (add i and ii) ➤	4,662.25	47,572.58	11(a)
b. Political Party Committees	0	0	11(b)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions (add a iii, b and c) ➤	4,662.25	47,572.58	11(d)
12. Transfers From Affiliated/Other Party Committees	0	0 0	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	5.70	22.74	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4,667.95	47,595.32	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,667.95	47,595.32	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21(a)
ii. Non-Federal Share	0	0	21(a)
b. Other Federal Operating Expenditures	30.30	534.64	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	30.30	534.64	21(c)
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	29,500.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28(a)
b. Political Party Committees	0	0	28(b)
c. Other Political Committees (such as PACs)	0	0	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0	0	28(d)
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2,030.30	30,034.64	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2,030.30	30,034.64	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,662.25	47,572.58	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,662.25	47,572.58	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	30.30	1,233.48	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	30.30	1,233.48	37

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 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, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Union Bank 350 California Street San Francisco, CA 94104	N/A	4/30/97	5.70
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: N/A 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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	5.70

FE/AN10

Contributions from Individuals Other than Political Committees
SCHEDULE A
From 04/01/97 To 04/30/97

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE	RECEIPT AMOUNT
Rieser John C Northwest Medical Center 3280 Howell Mill Rd NW Ste 211 Atlanta GA 30327	SELF EMPLOYED Ophthalmologist	300.00	04/01/97	300.00
Ahl Norman C 707 North Alvernon Way Tucson AZ 85711	Self-Employed Ophthalmologist	300.00	04/02/97	300.00
Mandelbaum Sid 178 East 71st Street New York NY 10021	Ophthal Consultnt NY Ophthalmologist	365.00	04/04/97	365.00
Hall Darryl H 205-16 Linden Boulevard St Albans NY 11412	SELF Ophthalmologist	300.00	04/04/97	300.00
Sakowitz Howard 901 East Second Street Sanford FL 32771	Day-Sakowitz MD PA Ophthalmologist	365.00	04/08/97	365.00
Muldoon Thomas O The New York Eye & Ear Infirmary 310 East 14th Street New York NY 10003	SELF Ophthalmologist	300.00	04/08/97	300.00

Subtotal: 1,930.00

Contributions from Individuals Other than Political Committees
SCHEDULE A
From 04/01/97 To 04/30/97

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE	RECEIPT AMOUNT
Reagan David W 106 West Main Street Waxahachie TX 75165-3710	SELF EMPLOYED Ophthalmologist	482.50	04/08/97	300.00
Hale Leslie L White Wilson Medical Center 1005 Mar Walt Dr Fort Walton Beach FL 32547-6796	WHITE WOTSON MED CTR Ophthalmologist	300.00	04/10/97	300.00
Dow James H Jr 2200 Northlake Pky Ste 325 Tucker GA 30084	SELF EMPLOYED Ophthalmologist	300.00	04/10/97	300.00
Merritt James H 8230 Walnut Hill Suite 518 Presby Professional Bldg III Dallas TX 75231	SELF-EMPLOYED Ophthalmologist	300.00	04/21/97	300.00
Kursar Gerald H 12710 Manchester Road Des Peres MO 63131-1818	G H KURSAR DO PC Ophthalmologist	300.00	04/24/97	300.00
Latter Mitchell C 10230 E Artesia Blvd Suite 204 Bellflower CA 90706	Self-Employed Ophthalmologist	300.00	04/24/97	300.00

Subtotal: 1,800.00

Contributions from Individuals Other than Political Committees
SCHEDULE A
From 04/01/97 To 04/30/97

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE	RECEIPT AMOUNT
Hagopian Varant Suite 414 300 Mount Auburn Street Cambridge NA 02238	Self-Employed Ophthalmologist	300.00	04/29/97	300.00

Subtotal: 300.00
TOTAL: 4,030.00

Contributions from Individuals Other than Political Committees
SCHEDULE A
From 04/01/97 To 04/30/97

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NAME and ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Genin James A Clarksburg Care Clinic 300 Davisson Run Road Clarksburg WV 26301	Clarksburg Care Clinic Ophthalmologist	04/01/97	100.00	100.00
Kahanowicz Yaffa 550 Park Avenue New York NY 10021	self employed Ophthalmologist	04/08/97	91.00	182.00
Bloomberg Leroy B 1651 West Main Street Newark OH 43055	Specialty Care Associates Ophthalmologist	04/17/97	50.00	50.00
Appleton Budd 121 Maria Avenue St Paul MN 55106	SELF-EMPLOYED Ophthalmologist	04/17/97	100.00	100.00
Rednam Krishnarao V 2302 Barnbridge Road St Louis MO 63131	SELF-EMPLOYED Ophthalmologist	04/21/97	100.00	100.00
Augustat Edwin C 909 9th Ave #401 Fort Worth TX 76104-3905	Self-Employed Ophthalmologist	04/29/97	100.00	100.00

Subtotal: 541.00

Contributions from Individuals Other than Political Committees

SCHEDULE A

From 04/01/97 To 04/30/97

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NAME and ADDRESS	EMPLOYER/OCCUPATION	DATE	RECEIPT AMOUNT	YTD AMOUNT
Lepley Frederick J 15401 East Jefferson Grosse Pointe Park MI 48230	SELF-EMPLOYED Ophthalmologist	04/29/97	91.25	182.50

Subtotal: 91.25

TOTAL: 632.25

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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
Union Bank 350 California Street San Francisco, CA 94104	Merchant Fees Disbursement for: Primary General Other (specify)	4/30/97	13.20
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
American Express P.O.Box 53852 Phoenix, AZ 85072	Merchant Fees Disbursement for: Primary General Other (specify)	4/30/97	17.10
C. 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
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)	30.30

FE4AN101

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)
Itemized Disbursements
Contributions to Federal Candidates and Other Political Committees
Schedule B
From 04/01/97 To 04/30/97

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NAME and ADDRESS	DISBURSEMENT PURPOSE	DATE	AMOUNT
Friends of Eric Serna for Congr 1996 Warner Drive Santa Fe NM 87505	HOUSE / 3 / NM 97 / Special	04/07/97	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 5/19/97
☐	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.O.	5/23/97
PREPARER	DATE PREPARED

FEC FORM 70-2 (12/92)