FEC
FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **USE FEC MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼ 655 Beach Street

Check if different than previously reported. (ACC)

San Francisco | CA | 94109 –

2. **FEC IDENTIFICATION NUMBER** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00196246

3. IS THIS REPORT — NEW (N) **OR** X AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	X May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

(c) 12-Day **PRE**-Election Report for the: Primary (12P) — General (12G) — Runoff (12R) — Convention (12C) — Special (12S)

Election on _____ in the State of _____

(d) 30-Day **P**ost -Election Report for the: General (30G) — Runoff (30R) — Special (30S)

Election on _____ in the State of _____

5. Covering Period 04 01 2001 through 04 30 2001

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 Carol Beatty

Signature of Treasurer Electronically Filed by Carol Beatty Date 02 04 2002

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

Office Use Only			FEC FORM 3X (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 04 01 2001 To: 04 30 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		304048.64
(b) Cash on Hand at Begining of Reporting Period	269702.91	
(c) Total Receipts (from Line 19)	24660.86	100123.14
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	294363.77	404171.78
7. Total Disbursements (from Line 30)	44616.04	154424.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	249747.73	249747.73
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	

CA

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
OF RECEIPTS

Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 04 01 2001 To: 04 30 2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	22215.00	
(ii) Unitemized	2425.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	24640.00	100041.23
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ..... ▶	24640.00	100041.23
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.) (Carry Totals to Line 36, page 4)	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.)	20.86	81.91
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶	24660.86	100123.14
20. Total Federal Receipts (subtract Line 18 from Line 19) ..... ▶	24660.86	100123.14

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	43116.04	70774.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	43116.04	70774.05
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	1500.00	83500.00
24. Independent Expenditure (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	150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	150.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	44616.04	154424.05
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	44616.04	154424.05
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	24640.00	100041.23
33. Total Contribution Refunds (from Line 28(d))	0.00	150.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	24640.00	99891.23
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	43116.04	70774.05
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	43116.04	70774.05

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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 (Last, First, Middle Initial): Richard Abbott
Mailing Address: UCSF Beckman Vision Ctr, 10 Kirkham St K-301
City: San Francisco State: CA Zip Code: 94143-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0417200111C376751

B.
Full Name (Last, First, Middle Initial): Omar Almallah
Mailing Address: Focus Ctr 20 Mule Rd
City: Toms River State: NJ Zip Code: 08755-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 04 06 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0417200111C376132

C.
Full Name (Last, First, Middle Initial): Barbara Arnold
Mailing Address: Ste 201, 7275 East Southgate Dr
City: Sacramento State: CA Zip Code: 55823-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 0417200111C376623

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Sterling Baker
Mailing Address: 4215 N Classen Blvd
City: Oklahoma City State: OK Zip Code: 73118-2494
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0417200111C376404

B.
Full Name (Last, First, Middle Initial): Ray Balyeat
Mailing Address: 1717 South Utica Avenue Ste 202
City: Tulsa State: OK Zip Code: 74104-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 04 06 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0417200111C376085

C.
Full Name (Last, First, Middle Initial): Laurie Grey Barber
Mailing Address: UAMS Dept Ophtha 4301 W Markham Slot 523
City: Little Rock State: AR Zip Code: 72205-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0417200111C376896

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1100.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Norbert Becker
Mailing Address: 302 Randall Rd Ste 10
City: Geneva State: IL Zip Code: 60134-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 0417200111C376838

B.
Full Name (Last, First, Middle Initial): George Blankenship
Mailing Address: 640 Olde Ventura Farm Rd
City: Camp Hill State: PA Zip Code: 17036-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 04 08 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 0417200111C3764110

C.
Full Name (Last, First, Middle Initial): Christopher Bladl
Mailing Address: 1501 50th Street Ste 193
City: West Des Moines State: IA Zip Code: 50266-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 0417200111C3768411

SUBTOTAL of Receipts This Page (optional) ..... ▶ **3000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): James Bobrow
Mailing Address: 211 N Meramec Ste 304
City: Clayton State: MO Zip Code: 63105-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0417200111C3767412

B.
Full Name (Last, First, Middle Initial): Michael Brennan
Mailing Address: 1214 Vaughn Rd
City: Burlington State: NC Zip Code: 27217-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0417200111C3768613

C.
Full Name (Last, First, Middle Initial): Tyree Derr
Mailing Address: 7181 Cascade Valley Ct Ste 102
City: Las Vegas State: NV Zip Code: 89128-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0417200111C3768416

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1365.00**

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Mary Louise Collins
Mailing Address: Gter Balt MC Pavillion W 6569 N Charles St Ste 505
City: Baltimore State: MD Zip Code: 21204-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 04 06 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0417200111C3760619

B.
Full Name (Last, First, Middle Initial): E Randy Craven
Mailing Address: 8351 South Park Ln
City: Littleton State: CO Zip Code: 80120-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0417200111C3765320

C.
Full Name (Last, First, Middle Initial): Charles Berry Dobbs
Mailing Address: 311 Lakepoint Dr
City: Gadsden State: AL Zip Code: 35901-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 0417200111C3768221

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1615.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Lee Duffner
Mailing Address: 185 Ocean Boulevard
City: Golden Beach State: FL Zip Code: 33160-2208
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0417200111C3767624

B.
Full Name (Last, First, Middle Initial): Dion Ehrlich
Mailing Address: Ste 103 7500 Central Ave
City: Philadelphia State: PA Zip Code: 19111-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0417200111C3768325

C.
Full Name (Last, First, Middle Initial): Douglas Felt
Mailing Address: 2835 Pierce Ave
City: Ogden State: UT Zip Code: 84403-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0417200111C3764826

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1115.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Stuart Fine
Mailing Address: Scheie Eye Institute, 51 N 39th St
City: Philadelphia State: PA Zip Code: 19104-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0417200111C3768527

B.
Full Name (Last, First, Middle Initial): L Neal Freeman
Mailing Address: Florida Eye Inst, 502 East New Haven Avenue
City: Melbourne State: FL Zip Code: 32901-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0521200153C3771228

C.
Full Name (Last, First, Middle Initial): David Gieser
Mailing Address: Wheaton Eye Clinic, 2015 N Main St
City: Wheaton State: IL Zip Code: 60187-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0417200111C3768729

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1165.00**

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

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Carroll Haines
Mailing Address: Suite A, 515 Thompson St
City: Eden State: NC Zip Code: 27288-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 865.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0521200153C3771831

B.
Full Name (Last, First, Middle Initial): Weldon Havins
Mailing Address: 2567 Palmera Circle
City: Las Vegas State: NV Zip Code: 89121-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0417200111C3763932

C.
Full Name (Last, First, Middle Initial): Philip Horowitz
Mailing Address: Blason Plaza, 509 South Lenola Rd Suite 11
City: Moorestown State: NJ Zip Code: 08057-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0417200111C3764534

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1030.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 13 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): B Thomas Hutchinson
Mailing Address: Opthalmic Consultants Boston, 50 Staniford St #600
City: Boston State: MA Zip Code: 02114-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0417200111C3769135

B. Full Name (Last, First, Middle Initial): Frank Kresca
Mailing Address: 3 Mayfair Crt
City: Champaign State: IL Zip Code: 61821-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 04 08 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0417200111C3764340

C. Full Name (Last, First, Middle Initial): Paul Lee
Mailing Address: Duke Eye Center, Erwin Rd
City: Durham State: NC Zip Code: 27710-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 0417200111C3765441

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1800.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 14 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Mary Gerard Lynch
Mailing Address: 3845 Club Dr
City: Atlanta State: GA Zip Code: 30319-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0417200111C3764742

B. Full Name (Last, First, Middle Initial): Malcolm Mezow
Mailing Address: 2855 Gramercy
City: Houston State: TX Zip Code: 77025-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0417200111C3767843

C. Full Name (Last, First, Middle Initial): Timothy McInnis
Mailing Address: Medical Eye Specialists PC 900 N Willson Ave Ste 1003
City: Bozeman State: MT Zip Code: 59715-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0417200111C3768845

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1115.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 15 / 23

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Carl Migliazzo

Mailing Address
7504 Antioch Road

City: Overland Park | State: KS | Zip Code: 66204-

FEC ID number of contributing federal political committee.

Name of Employer: self
Occupation: oph

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 04 09 2001

Amount of Each Receipt this Period: 300.00

Receipt

Transaction ID: 0417200111C3763746

B. Full Name (Last, First, Middle Initial)
Marianette Miller-Meeks

Mailing Address
1603 N Court St

City: Ottumwa | State: IA | Zip Code: 52501-1442

FEC ID number of contributing federal political committee.

Name of Employer: HEARTLAND EYE CARE
Occupation: physician

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 04 12 2001

Amount of Each Receipt this Period: 500.00

Receipt

Transaction ID: 0417200111C3768847

C. Full Name (Last, First, Middle Initial)
Richard Mills

Mailing Address
Dept of Ophth 801 Rose St University of Kentucky

City: Lexington | State: KY | Zip Code: 40536-0284

FEC ID number of contributing federal political committee.

Name of Employer: self
Occupation: oph

Receipt For: Primary General
Other (specify)

Aggregate Year-to-Date: 300.00

Date of Receipt: 04 09 2001

Amount of Each Receipt this Period: 300.00

Receipt

Transaction ID: 0417200111C3764448

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1100.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): David Morimoto
Mailing Address: PO Box 2937 219 N Hammes Ave
City: Joliet State: IL Zip Code: 60434-2937
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: oph
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0417200111C3763550

B.
Full Name (Last, First, Middle Initial): Patrick OConnor
Mailing Address: 4242 E Southcross Blvd Ste 10
City: San Antonio State: TX Zip Code: 78222-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0417200111C3767752

C.
Full Name (Last, First, Middle Initial): Edward OMalley
Mailing Address: 15401 East Jefferson Avenue
City: Grosse Pointe Park State: MI Zip Code: 48230-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 1000.00
Receipt
Transaction ID: 0521200153C3771753

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1730.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Edward OMalley
Mailing Address: 15401 East Jefferson Avenue
City: Grosse Pointe Park | State: MI | Zip Code: 48230-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 1300.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0521200153C3771654

B.
Full Name (Last, First, Middle Initial): Paul Orloff
Mailing Address: 178 E 71st St
City: New York | State: NY | Zip Code: 10021-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0417200111C3769055

C.
Full Name (Last, First, Middle Initial): Jon Portis
Mailing Address: 1380 Lusitana St Ste 714
City: Honolulu | State: HI | Zip Code: 96813-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 350.00
Receipt
Transaction ID: 0417200111C3768757

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1150.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Richard Provenzano
Mailing Address: 322 Dewey St
City: Bennington State: VT Zip Code: 05201-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 04 30 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0521200153C3771158

B.
Full Name (Last, First, Middle Initial): Annette Reda
Mailing Address: Virginia Ophth Assoc 885 Kempsville Rd, Amelia Bldg, St
City: Norfolk State: VA Zip Code: 23502-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0417200111C3766560

C.
Full Name (Last, First, Middle Initial): Robert Ritch
Mailing Address: New York Eye And Ear Infirmary 310 E 14th St
City: New York State: NY Zip Code: 10003-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 04 06 2001
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 0417200111C3760761

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1230.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 19 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Joseph Shalev
Mailing Address: 108 E Lake Mead Dr Ste 303
City: Henderson State: NV Zip Code: 89015-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 09 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0417200111C3764663

B.
Full Name (Last, First, Middle Initial): Richard Shugarman
Mailing Address: 109A JFK Dr
City: Atlantis State: FL Zip Code: 33462-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0417200111C3766164

C.
Full Name (Last, First, Middle Initial): Richard Shugarman
Mailing Address: 109A JFK Dr
City: Atlantis State: FL Zip Code: 33462-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 04 12 2001
Amount of Each Receipt this Period: .00
Receipt
Transaction ID: 0417200111C3769365

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1000.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 20 / 23

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): R Doyle Stulting
Mailing Address: Emory Vision Correction Ctr, 4170 Ashford Dunwoody Rd NE Ste 30
City: Atlanta State: GA Zip Code: 30319-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt: M 04 D 12 Y 2001
Amount of Each Receipt this Period: 400.00
Receipt
Transaction ID: 0417200111C3769268

B. Full Name (Last, First, Middle Initial): Lyle Thorslenson
Mailing Address: P.O. Box 632020
City: Nacogdoches State: TX Zip Code: 75963-2020
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: M 04 D 12 Y 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0417200111C3765870

C. Full Name (Last, First, Middle Initial): Thomas Whitaker
Mailing Address: 900 Med Cir
City: Myrtle Beach State: SC Zip Code: 29572-4114
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: M 04 D 06 Y 2001
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0417200111C3761273

SUBTOTAL of Receipts This Page (optional) ..... ▶ **900.00**

TOTAL This Period (last page this line number only) ..... ▶ **22215.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial)
Union Bank

Mailing Address
Po Box 24512

City: San Francisco
State: CA
Zip Code: 94124-0512

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For:
Primary X General
Other (specify) ▼

Aggregate Year-to-Date ▼
61.91

Date of Receipt
04 30 2001

Amount of Each Receipt this Period
20.86

Other Receipt

Transaction ID: 05212001S3C37812

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶	**20.86**
TOTAL This Period (last page this line number only) ..... ▶	**20.86**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
American Academy Of

Mailing Address
Po Box 7424 Ophthalmology
City: San Francisco State: CA Zip Code: 94120-7424

Purpose of Disbursement
reimburse mkting exps pd by AAO

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 04 / 12 / 2001

Amount of Each Disbursement this Period: 37048.15

reimburse mkting exps pd by AAO

Transaction ID: 0521200154E2809

B. Full Name (Last, First, Middle Initial)
American Academy Of

Mailing Address
Po Box 7424 Ophthalmology
City: San Francisco State: CA Zip Code: 94120-7424

Purpose of Disbursement
reimburse marketing exps pd by AAO

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 04 / 12 / 2001

Amount of Each Disbursement this Period: 5807.61

reimburse marketing exps pd by AAO

Transaction ID: 0521200154E2808

C. Full Name (Last, First, Middle Initial)
Union Bank

Mailing Address
Po Box 24512
City: San Francisco State: CA Zip Code: 94124-0512

Purpose of Disbursement
UB cking acct exp Apr 01

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / General / Other (specify)

Date of Disbursement: 04 / 30 / 2001

Amount of Each Disbursement this Period: 260.28

UB cking acct exp Apr 01

Transaction ID: 0521200154E2813

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **43116.04**

TOTAL This Period (last page this line number only) ..... ▶ **43116.04**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial)
Levin For Congress Committee

Mailing Address
30636 Dequindre Rd
City: Warren State: MI Zip Code: 48092-4819

Purpose of Disbursement
voided ck orig itemized on 09/00 mo

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: Primary / X General / Other (specify)

Date of Disbursement
04 30 2001

Amount of Each Disbursement this Period
-1000.00

voided ck orig itemized on 09/00 mo

Transaction ID: 0521200154E2812

B.
Full Name (Last, First, Middle Initial)
Dianne Watson For Congress

Mailing Address
3710 Martin Luther King Blvd
City: Los Angeles State: CA Zip Code: 90008-

Purpose of Disbursement
House CA-32

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: X Primary / General / Other (specify)

Date of Disbursement
04 05 2001

Amount of Each Disbursement this Period
2500.00

House CA-32

Transaction ID: 0406200126E2738

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **1500.00**

TOTAL This Period (last page this line number only) ..... ▶ **1500.00**