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)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	X 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 0 8 0 1 2 0 0 1 through 0 8 3 1 2 0 0 1

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 0 2 0 4 2 0 0 2

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: 08 01 2001 To: 08 31 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	128703.34	
(c) Total Receipts (from Line 19)	1960.58	131752.61
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	130663.92	435801.25
7. Total Disbursements (from Line 30)	41387.16	346524.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	89276.76	89276.76
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: 08 01 2001 To: 08 31 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)	1531.00	
(ii) Unitemized	300.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	1831.00	131454.43
(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) ▶	1831.00	131454.43
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.)	129.58	298.18
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) ▶	1960.58	131752.61
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	1960.58	131752.61

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	64.26	71551.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	64.26	71551.59
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	41322.90	274822.90
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) ▶	41387.16	346524.49
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	41387.16	346524.49
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	1831.00	131454.43
33. Total Contribution Refunds (from Line 28(d))	0.00	150.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	1831.00	131304.43
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	64.26	71551.59
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	64.26	71551.59

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 / 14

[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): William Blakemore
Mailing Address: 101 Mark Dr, PO Box 1077
City: Edenton State: NC Zip Code: 27932-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: physician
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 356.00
Date of Receipt: 08 30 2001
Amount of Each Receipt this Period: 356.00
Receipt
Transaction ID: 0919200115C380001

B. Full Name (Last, First, Middle Initial): A George Kudirka
Mailing Address: 535 Jack Warner Parkway NE, Suite B-1
City: Tuscaloosa State: AL Zip Code: 35404-5715
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: 08 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0919200115C379992

C. Full Name (Last, First, Middle Initial): Mark Lindsay
Mailing Address: 2725 E 29th St
City: Bryan State: TX Zip Code: 77802-2502
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00
Date of Receipt: 08 30 2001
Amount of Each Receipt this Period: 50.00
Receipt
Transaction ID: 0919200115C379973

SUBTOTAL of Receipts This Page (optional) ..... ▶ **706.00**

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 / 14

[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): Mark Lindsay
Mailing Address: 2725 E 29th St
City: Bryan State: TX Zip Code: 77802-2502
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt: 08 30 2001
Amount of Each Receipt this Period: 25.00
Receipt
Transaction ID: 0919200115C379984

B. Full Name (Last, First, Middle Initial): David Parke
Mailing Address: 130 Chimney Hill Rd
City: Wallingford State: CT Zip Code: 06492-
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: 08 30 2001
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0919200115C380037

C. Full Name (Last, First, Middle Initial): David Daniel Saggau
Mailing Address: 2441 Jordan Trail
City: West Des Moines State: IA Zip Code: 50265-5549
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: 08 30 2001
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0919200115C380028

SUBTOTAL of Receipts This Page (optional) ..... ▶ **825.00**

TOTAL This Period (last page this line number only) ..... ▶ **1531.00**

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 7 / 14

☐ 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

Date of Receipt
08 31 2001

Amount of Each Receipt this Period
129.58

Other Receipt

Receipt For:
Primary X General
Other (specify) ▼

Aggregate Year-to-Date ▼
298.18

Transaction ID: 0919200115C38006

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶	129.58
TOTAL This Period (last page this line number only) ..... ▶	129.58

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)
Union Bank

Mailing Address
Po Box 24512

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

Purpose of Disbursement
UB cking acct exp Aug 01

Candidate Name

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

Disbursement For: Primary / General / Other (specify)

Category/Type

Date of Disbursement
08 31 2001

Amount of Each Disbursement this Period
64.26

UB cking acct exp Aug 01

Transaction ID: 0919200115E2B75

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **64.26**

TOTAL This Period (last page this line number only) ..... ▶ **64.26**

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)
Adam Smith For Congress

Mailing Address
Po Box 23626
City: Federal Way | State: WA | Zip Code: 98093-0626

Purpose of Disbursement
House-WA 9

Candidate Name

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

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

Date of Disbursement: 08 31 2001

Amount of Each Disbursement this Period: 1000.00

Category/Type: House-WA 9

Transaction ID: 0919200115E2B64

B. Full Name (Last, First, Middle Initial)
Capuano For Congress Committee

Mailing Address
660 Broadway Ste 23
City: Somerville | State: MA | Zip Code: 02144-2219

Purpose of Disbursement
House-MA 8

Candidate Name

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

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

Date of Disbursement: 08 31 2001

Amount of Each Disbursement this Period: 1000.00

Category/Type: House-MA 8

Transaction ID: 0919200115E2B72

C. Full Name (Last, First, Middle Initial)
Congressman Joe Barton Committee

Mailing Address
Po Box 1444
City: Ennis | State: TX | Zip Code: 75120-1444

Purpose of Disbursement
House-TX 6

Candidate Name

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

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

Date of Disbursement: 08 30 2001

Amount of Each Disbursement this Period: 1500.00

Category/Type: House-TX 6

Transaction ID: 0919200115E2B74

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **3500.00**

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

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)
Democratic Congressional Campaign Comm

Mailing Address
430 S Capitol St Se
City: Washington State: DC Zip Code: 20003-4024

Purpose of Disbursement
Committee Contribution

Candidate Name

Category/Type

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

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 08 31 2001

Amount of Each Disbursement this Period: 5000.00

Committee Contribution

Transaction ID: 0919200115E2B62

B. Full Name (Last, First, Middle Initial)
Democratic Senatorial Campaign Comm

Mailing Address
430 S Capitol St Se
City: Washington State: DC Zip Code: 20003-4024

Purpose of Disbursement
Committee Contribution

Candidate Name

Category/Type

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

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 08 31 2001

Amount of Each Disbursement this Period: 5000.00

Committee Contribution

Transaction ID: 0919200115E2B60

C. Full Name (Last, First, Middle Initial)
J D Hayworth For Congress

Mailing Address
10789 N 90th St Ste 102
City: Scottsdale State: AZ Zip Code: 85260-6727

Purpose of Disbursement
House-AZ 6

Candidate Name

Category/Type

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

Disbursement For: X Primary General / Other (specify)

Date of Disbursement: 08 31 2001

Amount of Each Disbursement this Period: 2000.00

House-AZ 6

Transaction ID: 0919200115E2B71

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **12000.00**

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

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): Sue Kelly for Congress
Mailing Address: 700 White Plains Rd, Suite 301
City: Scarsdale State: NY Zip Code: 10583-
Purpose of Disbursement: House-NY 19
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Category/Type: House-NY 19
Date of Disbursement: 08 31 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 0919200115E2B70

B.
Full Name (Last, First, Middle Initial): Mccollum For Congress
Mailing Address: 2464 Burke Ave E
City: Saint Paul State: MN Zip Code: 55109-4078
Purpose of Disbursement: House-MN 4
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Category/Type: House-MN 4
Date of Disbursement: 08 31 2001
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 0919200115E2B69

C.
Full Name (Last, First, Middle Initial): Mccrery For Congress Comm
Mailing Address: 1900 Deposit Guarantee Tower 333 Texas St
City: Shreveport State: LA Zip Code: 71101-
Purpose of Disbursement: House-LA 4
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Category/Type: House-LA 4
Date of Disbursement: 08 31 2001
Amount of Each Disbursement this Period: 3000.00
Transaction ID: 0919200115E2B68

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **5000.00**

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

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): Mike Bilirakis For Congress
Mailing Address: Po Box 1077
City: Tarpon Springs State: FL Zip Code: 34688-1077
Purpose of Disbursement: Healthcare Dinner (Cohen reimb.)
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / X General / Other (specify)
Category/Type
Date of Disbursement: 08 / 24 / 2001
Amount of Each Disbursement this Period: 1822.90
IN KIND: Healthcare Dinner (Cohen reimb.)
Transaction ID: 0919200115E2B59

B.
Full Name (Last, First, Middle Initial): Mike Bilirakis For Congress
Mailing Address: Po Box 1077
City: Tarpon Springs State: FL Zip Code: 34688-1077
Purpose of Disbursement: House-FL 9
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Category/Type
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 2000.00
House-FL 9
Transaction ID: 0919200115E2B73

C.
Full Name (Last, First, Middle Initial): Mike Ross For Congress
Mailing Address: Po Box 360
City: Prescott State: AR Zip Code: 71857-0360
Purpose of Disbursement: House-AR 4
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Category/Type
Date of Disbursement: 08 / 31 / 2001
Amount of Each Disbursement this Period: 1000.00
House-AR 4
Transaction ID: 0919200115E2B66

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4822.90**

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

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)
National Republican Congl Comm

Mailing Address
420 1st St Se
City: Washington | State: DC | Zip Code: 20003-1826

Purpose of Disbursement
Committee Contribution

Candidate Name

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

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

Date of Disbursement: 08 31 2001

Amount of Each Disbursement this Period: 5000.00

Category/Type: Committee Contribution

Transaction ID: 0919200115E2B63

B. Full Name (Last, First, Middle Initial)
National Republican Senatorial Committ

Mailing Address
Ronald Reagan Republican Center 425 2nd St NE
City: Washington | State: DC | Zip Code: 20002-

Purpose of Disbursement
Committee Contribution

Candidate Name

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

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

Date of Disbursement: 08 31 2001

Amount of Each Disbursement this Period: 5000.00

Category/Type: Committee Contribution

Transaction ID: 0919200115E2B61

C. Full Name (Last, First, Middle Initial)
Rangel For Congress

Mailing Address
Po Box 5577 Manhattanville Station
City: New York | State: NY | Zip Code: 10027-5570

Purpose of Disbursement
House-NY 15

Candidate Name

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

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

Date of Disbursement: 08 31 2001

Amount of Each Disbursement this Period: 4000.00

Category/Type: House-NY 15

Transaction ID: 0919200115E2B67

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **14000.00**

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

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)
Reed Committee

Mailing Address
Po Box 8628
City: Cranston
State: RI
Zip Code: 02920-0625

Purpose of Disbursement
Senate RI

Candidate Name

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

Disbursement For: X Primary General / Other (specify)

Category/Type: Senate RI

Date of Disbursement: 08 24 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 0919200115E2B58

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

Mailing Address
555 S Flower St Ste 451D
City: Los Angeles
State: CA
Zip Code: 90071-2420

Purpose of Disbursement
House-CA 24

Candidate Name

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

Disbursement For: X Primary General / Other (specify)

Category/Type: House-CA 24

Date of Disbursement: 08 31 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 0919200115E2B65

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **2000.00**

TOTAL This Period (last page this line number only) ..... ▶ **41322.90**