05/18/2004 13 : 22

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)	Sep 20 (M9)	X Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

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

Election on — in the State of

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

Election on — in the State of

5. Covering Period 11 01 2001 through 11 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, Treasurer

Signature of Treasurer: Electronically Filed by Carol Beatty, Treasurer — Date 05 18 2004

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
(Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From: 11 01 2001 To: 11 30 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		308048.15
(b) Cash on Hand at Begining of Reporting Period	100865.24	
(c) Total Receipts (from Line 19)	61445.07	246566.94
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	162310.31	554615.09
7. Total Disbursements (from Line 31)	0.00	392304.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	162310.31	162310.31
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	

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

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 11 01 2001 To: 11 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)	48590.00	
(ii) Unitemized	12755.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶	61345.00	245927.08
(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 33, page 5) ..... ▶	61345.00	245927.08
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 37, page 5)	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.)	100.07	639.86
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	61445.07	246566.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	61445.07	246566.94

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	0.00	72206.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	0.00	72206.88
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	319822.90
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	275.00
(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	275.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	392304.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	0.00	392304.78

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	61345.00	245927.08
34. Total Contribution Refunds (from Line 28(d))	0.00	275.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61345.00	245652.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	72206.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	72206.88

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 51
(check only one)
[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): Omar Almallah
Mailing Address: The Focus Center, 20 Mule Rd
City: Toms River | State: NJ | Zip Code: 08755-5028
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38422
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Steven Andersen
Mailing Address: Ste B, 38707 Stivers St
City: Fremont | State: CA | Zip Code: 94536-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 28 2001
Transaction ID: 122020017C38229
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): Colin Arnold
Mailing Address: 7501 Hospital Dr Ste 105
City: Sacramento | State: CA | Zip Code: 95823-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38428
Amount of Each Receipt this Period: 500.00
Receipt

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

FOR LINE NUMBER: PAGE 7 / 51
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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)
Pablo Miguel Arregui
Mailing Address 805 W East Ave
City: Chico State: CA Zip Code: 95926-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 29 2001
Transaction ID: 122020017C38242
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Charles Baltimore
Mailing Address 639 W 15th St
City: Washington State: NC Zip Code: 27889-3526
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 02 2001
Transaction ID: 1120200139C38200
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Daniel Bernstein
Mailing Address 451 Ruin Crk Rd Ste 204
City: Henderson State: NC Zip Code: 27536-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 29 2001
Transaction ID: 12202D017C38235
Amount of Each Receipt this Period: 300.00
Receipt

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)
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: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 656.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38623
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
William Boothe
Mailing Address PO Box 6190
4020 21st St Ste 3
City: Lubbock State: TX Zip Code: 79493-6190
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 26 2001
Transaction ID: 122020017C38373
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Cynthia Ann Bradford
Mailing Address Dean A McGee Eye Inst
608 Stanton L Young Blvd
City: Oklahoma City State: OK Zip Code: 73104-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 02 2001
Transaction ID: 11202D0139C38178
Amount of Each Receipt this Period: 300.00
Receipt

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

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): G Edward Bryant
Mailing Address: 303 West Polk St
City: West Memphis | State: AR | Zip Code: 72301-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38397
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Kenneth Cahill
Mailing Address: 340 E Town St Ste 8-200
City: Columbus | State: OH | Zip Code: 43215-4600
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38423
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): Ching-Jygh Chen
Mailing Address: Dept. of Ophthalmology, UMC 2500 North State Street
City: Jackson | State: MS | Zip Code: 39216-4500
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 02 2001
Transaction ID: 11202D0139C38202
Amount of Each Receipt this Period: 300.00
Receipt

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

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)
S William Clark
Mailing Address 502 Isabella St
City: Waycross State: GA Zip Code: 31501-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 02 2001
Transaction ID: 1120200139C38196
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Sander M Zeskin Cohen
Mailing Address Ste 11
509 S Lenola Rd
City: Moorestown State: NJ Zip Code: 08057-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 26 2001
Transaction ID: 122020017C38378
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Mary Louise Collins
Mailing Address Gtar Balt MC Pavillion W
6569 N Charles St Ste 505
City: Baltimore State: MD Zip Code: 21204-5809
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 29 2001
Transaction ID: 12202D017C38648
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1750.00

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): Joel Confino
Mailing Address: Eye Care & Surgery Ctr, 592 Springfield Ave
City: Westfield | State: NJ | Zip Code: 07090-
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38443
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Joseph Conner
Mailing Address: 707 W Tipton St
City: Seymour | State: IN | Zip Code: 47274-
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38245
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): Mark Cook
Mailing Address: 220 S Pendleton St
City: Easley | State: SC | Zip Code: 29640-
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38250
Amount of Each Receipt this Period: 300.00
Receipt

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

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): David Craig
Mailing Address: PO Box 680, 1600 Hwy 79 South
City: Henderson State: TX Zip Code: 75653-0680
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38407
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Robert DAmico
Mailing Address: 36 Seventh Ave Ste 506
City: New York State: NY Zip Code: 10011-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38395
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): Richard Davis
Mailing Address: 9201 Cypress Lake Drive
City: Fort Myers State: FL Zip Code: 33919-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38641
Amount of Each Receipt this Period: 300.00
Receipt

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

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)
Daniel Day
Mailing Address 8401 Golden Valley Rd #330
City: Golden Valley State: MN Zip Code: 55427-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38275
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
David Demartini
Mailing Address 122 La Casa Via Ste 221
City: Walnut Creek State: CA Zip Code: 94598-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38643
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Mark Drabkin
Mailing Address 3707 Maidu Place
City: Davis State: CA Zip Code: 95616-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38232
Amount of Each Receipt this Period: 300.00
Receipt

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

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: PAGE 14 / 51
(check only one)
[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)
Barry Drucker
Mailing Address 21008 Northern Blvd Ste 3
City: Bayside State: NY Zip Code: 11361-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 26 2001
Transaction ID: 122020017C38368
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Richard Andrew Erday
Mailing Address 5965 E Broad St Ste 490
City: Columbus State: OH Zip Code: 43213-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 28 2001
Transaction ID: 122020017C38247
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Paul Finger
Mailing Address New York Eye Cancer Ctr
115 East 61st St
City: New York State: NY Zip Code: 10021-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 27 2001
Transaction ID: 122020017C38438
Amount of Each Receipt this Period: 300.00
Receipt

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

FOR LINE NUMBER: PAGE 15 / 51
(check only one)
[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)
Frank Fischer
Mailing Address Ste 200
215 1st St N
City: Winter Haven State: FL Zip Code: 33881-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 11 26 2001
Transaction ID: 122020017C38374
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Michael Fischer
Mailing Address PO Box 2043
City: Carson City State: NV Zip Code: 89702-2043
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 26 2001
Transaction ID: 122020017C38384
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Martin Fishman
Mailing Address 431 Monterey Avenue, #3
City: Los Gatos State: CA Zip Code: 95030-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 26 2001
Transaction ID: 122020017C38381
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1300.00

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: PAGE 16 / 51
(check only one)
[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): John Flexel
Mailing Address: Bay Eye Clinic, 3585 Broadway
City: North Bend | State: OR | Zip Code: 97459-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38400
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial): James Fly
Mailing Address: Ste 360, 971 Lakeland Drive
City: Jackson | State: MS | Zip Code: 39216-
FEC ID number of contributing federal political committee: C
Name of Employer: MS RETINA ASSOCIATES
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38341
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): James Fountain
Mailing Address: Assoc Vitreoretinal & Uveitis Cons, 8704 N Meridian St
City: Indianapolis | State: IN | Zip Code: 46260-2331
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38418
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1600.00

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: PAGE 17 / 51
(check only one)
[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): Luther Fry
Mailing Address: 310 E Walnut St
City: Garden City | State: KS | Zip Code: 67846-5560
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38345
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Robert Fry
Mailing Address: 217 Old York Rd
City: Dillsburg | State: PA | Zip Code: 17019-9318
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 02 2001
Transaction ID: 1120200139C38203
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Greer Geiger
Mailing Address: Ste 75
513 Brookwood Blvd
City: Birmingham | State: AL | Zip Code: 35209-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 27 2001
Transaction ID: 12202D017C38331
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1250.00**

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: PAGE 18 / 51
(check only one)
[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): Claude Gerstle
Mailing Address: 1033 Clifton Ave
City: Clifton | State: NJ | Zip Code: 07013-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38244
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial): Andrew Gillies
Mailing Address: 1 Lyons St
City: Dedham | State: MA | Zip Code: 02026-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38264
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Howard Goldman
Mailing Address: 950 NW 13th St
City: Boca Raton | State: FL | Zip Code: 33486-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 26 2001
Transaction ID: 122020017C38388
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1550.00

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: PAGE 19 / 51
(check only one)
[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): Bruce Grossnickle
Mailing Address: 2251 Dubois Dr
City: Warsaw | State: IN | Zip Code: 46580-3212
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38336
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Thomas Herbin
Mailing Address: 3868 Tuxedo Rd
City: Atlanta | State: GA | Zip Code: 30342-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 28 2001
Transaction ID: 122020017C38255
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): Brian Harper
Mailing Address: PO Box 352
City: Rockdale | State: TX | Zip Code: 76567-0352
FEC ID number of contributing federal political committee: C
Name of Employer: EYE DISEASES & LASER SURGERY A
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38337
Amount of Each Receipt this Period: 300.00
Receipt

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

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: PAGE 20 / 51
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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 Harris
Mailing Address 192B Alcoa Hwy
Ste 324
City: Knoxville
State: TN
Zip Code: 37920-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38441
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial)
James Hazlehurst
Mailing Address 605 W East Ave
City: Chico
State: CA
Zip Code: 95926-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 26 2001
Transaction ID: 122020017C38387
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Bruce Herron
Mailing Address 688 Skyline Dr
City: Jackson
State: TN
Zip Code: 38301-
FEC ID number of contributing federal political committee: C
Name of Employer: THE EYE CLINIC
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38350
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 21 / 51
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial)
Stanley Hersh
Mailing Address 1201 W Main St Ste 100
City: Waterbury State: CT Zip Code: 06708-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 27 2001
Transaction ID: 122020017C38442
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Stephen Higgins
Mailing Address Kalamazoo Ophthalmology PC
3412 W Centre St
City: Portage State: MI Zip Code: 49024-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 29 2001
Transaction ID: 122020017C38274
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
David Hill
Mailing Address Suite 522
85 Seymour Street
City: Hartford State: CT Zip Code: 06106-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 29 2001
Transaction ID: 122020017C38632
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1050.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 22 / 51
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Tatsuo Hirose
Mailing Address: Fl 6, 1 Autumn St
City: Boston | State: MA | Zip Code: 02215-5301
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38253
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Elizabeth Hodapp
Mailing Address: 245 E Rivo Alto Dr
City: Miami Beach | State: FL | Zip Code: 33139-1267
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 11 26 2001
Transaction ID: 122020017C38375
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): Richard Hopp
Mailing Address: 3999 Englewood Ave Ste 101
City: Yakima | State: WA | Zip Code: 98502-6341
FEC ID number of contributing federal political committee: C
Name of Employer: self | Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38261
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 850.00

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: PAGE 23 / 51
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[ ] 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): H Dunbar Hoskins
Mailing Address: 655 Beach St
City: San Francisco State: CA Zip Code: 94109-1342
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38647
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial): Jack Hughes
Mailing Address: Ste 200, 2500 N Mayfair Rd
City: Milwaukee State: WI Zip Code: 53226-1415
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38269
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): B Thomas Hutchinson
Mailing Address: Ophthalmic Consultants Boston, 50 Staniford St #600
City: Boston State: MA Zip Code: 02114-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38639
Amount of Each Receipt this Period: 500.00
Receipt

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: PAGE 24 / 51
(check only one)
[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)
Robert Innocenzi
Mailing Address Eye Physician & Surgeon
12555 Central Ave Ste H
City: Chino State: CA Zip Code: 91710-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 02 2001
Transaction ID: 1120200139C38219
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Morton Israel
Mailing Address 802 Magnolia St Ste 205
City: Corona State: CA Zip Code: 92879-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 02 2001
Transaction ID: 1120200139C38177
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Erle Johnson
Mailing Address 286 Warren Street
City: Brookline State: MA Zip Code: 02445-5927
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 800.00

Date of Receipt: 11 27 2001
Transaction ID: 12202D017C38417
Amount of Each Receipt this Period: 300.00
Receipt

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

FOR LINE NUMBER: PAGE 25 / 51
(check only one)
[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)
Earl Lawrence Jordan
Mailing Address 2830 Cunningham
City: Joplin State: MO Zip Code: 64804-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38402
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Martin Kaplan
Mailing Address Southdale Eye Clinic
6533 Drew Ave S
City: Edina State: MN Zip Code: 55435-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 02 2001
Transaction ID: 1120200139C38198
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
William Keen
Mailing Address 1925 W Broadway
City: Louisville State: KY Zip Code: 40203-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 485.00
Date of Receipt: 11 02 2001
Transaction ID: 11202D0139C38189
Amount of Each Receipt this Period: 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 700.00

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: PAGE 26 / 51
(check only one)
[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): Gerald Keener
Mailing Address: 1400 N Ritter Ave, Ste 276
City: Indianapolis State: IN Zip Code: 46219-3046
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38412
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial): Alex Keller
Mailing Address: 1010 Prince Ave
City: Athens State: GA Zip Code: 30606-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 28 2001
Transaction ID: 122020017C38254
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial): William Kipatrick
Mailing Address: 7550 East Second Street
City: Scottsdale State: AZ Zip Code: 85251-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38332
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 800.00

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: PAGE 27 / 51
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[ ] 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): Steven Kirkham
Mailing Address: Marion Eye Center, 1462 Marion Waldo Road
City: Marion State: OH Zip Code: 43302-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 02 2001
Transaction ID: 122020017C38367
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Cleveland Kirkland
Mailing Address: PO Box 22000
City: San Angelo State: TX Zip Code: 76902-2000
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38430
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): James Knupp
Mailing Address: Ste 2300, 5220 S 6th Street Rd
City: Springfield State: IL Zip Code: 62703-5760
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38637
Amount of Each Receipt this Period: 300.00
Receipt

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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[ ] 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)
Sylvia Kodsi
Mailing Address 300 E 33rd St Apt 21M
City: New York | State: NY | Zip Code: 10016-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38446
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Steven Koenig
Mailing Address 30 E 40th St
City: New York | State: NY | Zip Code: 10016-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 28 2001
Transaction ID: 122020017C38280
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Marvin Kreusher
Mailing Address 509 East Broad St
City: Westfield | State: NJ | Zip Code: 07090-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 02 2001
Transaction ID: 11202D0139C38207
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1600.00

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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[ ] 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): Jerry Lehmann
Mailing Address: Eye Ctrs of SE Texas LLP, 3129 College
City: Beaumont State: TX Zip Code: 77701-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38834
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Andrew Levada
Mailing Address: The Eye Care Group PC, 1201 W Main St Ste 100
City: Waterbury State: CT Zip Code: 06708-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38240
Amount of Each Receipt this Period: 300.00
Receipt

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: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 325.00
Date of Receipt: 11 02 2001
Transaction ID: 11202D0139C381B9
Amount of Each Receipt this Period: 50.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 650.00

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)
Kenneth Low
Mailing Address 38707 Stivers St Ste B
City: Fremont State: CA Zip Code: 94536-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38230
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Ronald Lowery
Mailing Address #10 Hospital Cir
City: Batesville State: AR Zip Code: 72501-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38416
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Lambert Macias
Mailing Address 57 West 57th Street #709
City: New York State: NY Zip Code: 10019-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 685.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38348
Amount of Each Receipt this Period: 300.00
Receipt

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

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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)
Richard Mackool
Mailing Address 31-27 41st St
City: Astoria State: NY Zip Code: 11103-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38278
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Timothy Malone
Mailing Address 731-F Walker Road
City: Great Falls State: VA Zip Code: 22066-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38424
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Benjamin Martin
Mailing Address 4120 Del Prado Boulevard
City: Cape Coral State: FL Zip Code: 33904-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38640
Amount of Each Receipt this Period: 300.00
Receipt

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

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

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ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 32 / 51
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Stephen Martin
Mailing Address: 416 S Knoblock St
City: Stillwater State: OK Zip Code: 74074-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38396
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Raj Maturi
Mailing Address: Midwest Eye Inst
2D1 Pennsylvania Pkwy
City: Indianapolis State: IN Zip Code: 46280-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38408
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial): Wallace McLeod
Mailing Address: 1330 Interstate Pkkwy
City: Augusta State: GA Zip Code: 30509-5625
FEC ID number of contributing federal political committee: C
Name of Employer: EYE PHYSICIANS & SURGEONS OF A
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38339
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1300.00

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)
Fred McMillan
Mailing Address 1421 N State St #503
City: Jackson State: MS Zip Code: 39202-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 11 29 2001
Transaction ID: 122020017C38272
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Travis Meredith
Mailing Address University of NC/Dept of Ophthalmo
5110 Bioinformatics Blvd, CB#7040
City: Chapel Hill State: NC Zip Code: 27599-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 27 2001
Transaction ID: 122020017C38403
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Larry Miaow
Mailing Address 520 South Cowley
City: Spokane State: WA Zip Code: 99202-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 27 2001
Transaction ID: 122020017C38408
Amount of Each Receipt this Period: 500.00
Receipt

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

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)
Dean Mitchell
Mailing Address 1160 Tompkins Street
City: Cortland State: NY Zip Code: 13045-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38224
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Philip Nelson
Mailing Address Retina Consultants Ste E
Jobst Tower/2109 Hughes Dr
City: Toledo State: OH Zip Code: 43606-5141
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 400.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38225
Amount of Each Receipt this Period: 400.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Ngoc T Nguyen
Mailing Address 175 N Jackson Ave Ste 209
City: San Jose State: CA Zip Code: 95116-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 11 26 2001
Transaction ID: 122020017C38389
Amount of Each Receipt this Period: 300.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 35 / 51
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A.
Full Name (Last, First, Middle Initial): Corey Notis
Mailing Address: 900 Stuyvesant Avenue
City: Union | State: NJ | Zip Code: 07083-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38265
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Patrick OConnor
Mailing Address: Ste 12
4025 E Southcross Blvd
City: San Antonio | State: TX | Zip Code: 78222-3640
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 685.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38427
Amount of Each Receipt this Period: 300.00
Receipt

C.
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: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 600.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38348
Amount of Each Receipt this Period: 300.00
Receipt

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

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 Parke
Mailing Address Dean A McGee Eye Inst
608 Stanton L Young Blvd
City: Oklahoma City State: OK Zip Code: 73104-5014
FEC ID number of contributing federal political committee. C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38273
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Rodolfo Perez
Mailing Address Thurmond Eye Associates
1519 East Sixth
City: Weslaco State: TX Zip Code: 78596-
FEC ID number of contributing federal political committee. C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38241
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Todd Perkins
Mailing Address Ste 206
2870 University Ave
City: Madison State: WI Zip Code: 53705-3811
FEC ID number of contributing federal political committee. C
Name of Employer: self
Occupation: Professor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 26 2001
Transaction ID: 122020017C38383
Amount of Each Receipt this Period: 300.00
Receipt

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)
Eliot Perlman
Mailing Address Rhode Island Eye Institute
150 E Manning St
City: Providence State: RI Zip Code: 02906-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 27 2001
Transaction ID: 122020017C38392
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Michael Peterson
Mailing Address Rocky Moutain Eye Center
700 W Kent Ave
City: Missoula State: MT Zip Code: 59801-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 28 2001
Transaction ID: 122020017C38236
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Samuel Poppell
Mailing Address 911-A Mar Walt Dr
City: Fort Walton Beach State: FL Zip Code: 32547-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 365.00

Date of Receipt: 11 27 2001
Transaction ID: 122020017C38320
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 965.00

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): Jon Portis
Mailing Address: 1380 Lusitana St, Ste 714
City: Honolulu | State: HI | Zip Code: 96813-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 850.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38252
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Alan Rehmer
Mailing Address: Ste 7-150, 340 E Town St
City: Columbus | State: OH | Zip Code: 43215-4671
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 02 2001
Transaction ID: 1120200139C38188
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): Mike Reynolds
Mailing Address: 1301 W 12th Ave #106
City: Emporia | State: KS | Zip Code: 66801-2572
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General; Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 02 2001
Transaction ID: 11202D0139C382D4
Amount of Each Receipt this Period: 300.00
Receipt

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

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)
Jerome Ross
Mailing Address 1001 Pine Heights Ave Ste 101
City: Baltimore State: MD Zip Code: 21229-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 26 2001
Transaction ID: 122020017C38369
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Allen Rossman
Mailing Address 13122 120th Ave NE
City: Kirkland State: WA Zip Code: 98034-3014
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 27 2001
Transaction ID: 122020017C38425
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Carolyn Sakauye
Mailing Address Eye Medical Clinic of Fresno Inc
1360 E Herndon Ave #301
City: Fresno State: CA Zip Code: 93720-3328
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 29 2001
Transaction ID: 122020017C38281
Amount of Each Receipt this Period: 300.00
Receipt

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

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: PAGE 40 / 51
(check only one)
[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): E Ronald Salvitti
Mailing Address: 750 East Beau Street, Southwestern PA Eye Center
City: Washington State: PA Zip Code: 15301-6661
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 02 2001
Transaction ID: 1120200139C38215
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial): Joseph Sidikaro
Mailing Address: 435 N Roxbury Dr, Ste 410
City: Beverly Hills State: CA Zip Code: 90210-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38238
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial): David Silbert
Mailing Address: Family Eye Group, 2110 Harrisburg Pike
City: Lancaster State: PA Zip Code: 17601-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 29 2001
Transaction ID: 12202D017C3864B
Amount of Each Receipt this Period: 125.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 725.00

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: PAGE 41 / 51
(check only one)
[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)
Harris Silverman
Mailing Address 8002 Pointe West Blvd
City: Bradenton State: FL Zip Code: 34209-5531
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38406
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Stephen Solomon
Mailing Address 14999 Health Center Dr Ste 108
City: Bowie State: MD Zip Code: 20716-1075
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38444
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Samuel Spalding
Mailing Address 3107 East Genesee Street
City: Syracuse State: NY Zip Code: 13224-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 26 2001
Transaction ID: 122020017C38390
Amount of Each Receipt this Period: 500.00
Receipt

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

FOR LINE NUMBER: PAGE 42 / 51
(check only one)
[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)
James Speights
Mailing Address 7940 Floyd Curl Ste 820
City: San Antonio State: TX Zip Code: 78229-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38334
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Bruce Spivey
Mailing Address 945 Green St
City: San Francisco State: CA Zip Code: 94133-3901
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38428
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
David Stager
Mailing Address 8201 Preston Road Ste 140A
City: Dallas State: TX Zip Code: 75225-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38263
Amount of Each Receipt this Period: 300.00
Receipt

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: PAGE 43 / 51
(check only one)
[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)
Rhoads Stevens
Mailing Address Queens Physician Ofc Bldg II
1329 Lusitana St Ste 209
City: Honolulu State: HI Zip Code: 96813-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 02 2001
Transaction ID: 1120200139C38181
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Stephen Sullivan
Mailing Address 51 State Rd
City: North Dartmouth State: MA Zip Code: 02747-3319
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 28 2001
Transaction ID: 122020017C38267
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Jean Demarchie Tabin
Mailing Address 152 Spruce St
City: Burlington State: VT Zip Code: 05401-4522
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 11 27 2001
Transaction ID: 12202D017C38394
Amount of Each Receipt this Period: 750.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1350.00

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: PAGE 44 / 51
(check only one)
[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)
Leiv Talle
Mailing Address 846 South Eighth Street
City: Griffin State: GA Zip Code: 30224-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38440
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Myron Tannenbaum
Mailing Address Galloway Professional Park
7785 SW 87th Ave Ste 210
City: Miami State: FL Zip Code: 33173-2596
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 28 2001
Transaction ID: 122020017C38625
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Alvin Tao
Mailing Address PO Box 5545
City: Lafayette State: IN Zip Code: 47903-5545
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38322
Amount of Each Receipt this Period: 300.00
Receipt

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

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: PAGE 45 / 51
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[ ] 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)
Charles Thornton
Mailing Address 2931 Richmond Rd
City: Texarkana State: TX Zip Code: 75503-2125
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38259
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Robert Earl Tibolt
Mailing Address 655 Medical Center Drive NE
City: Salem State: OR Zip Code: 97301-2793
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 02 2001
Transaction ID: 1120200139C38213
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Arnold Troupman
Mailing Address 1313 Center Street
City: Bethlehem State: PA Zip Code: 18018-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 29 2001
Transaction ID: 12202D017C38622
Amount of Each Receipt this Period: 150.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 950.00

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)
Barry Uhr
Mailing Address 3600 Gaston Ave LB 120 Ste 609
City: Dallas State: TX Zip Code: 75246-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38279
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Sara Vegh
Mailing Address 303 E Park Ave
City: Libertyville State: IL Zip Code: 60048-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38330
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Jonathan Walker
Mailing Address 7900 W Jefferson Ste 300
City: Fort Wayne State: IN Zip Code: 46804-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 11 27 2001
Transaction ID: 122020017C38347
Amount of Each Receipt this Period: 1000.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1600.00

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: PAGE 47 / 51
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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): Joseph Walker
Mailing Address: 2668 Winkler Ave
City: Fort Myers | State: FL | Zip Code: 33901-9336
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38227
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial): Floyd Warren
Mailing Address: 530 First Ave Ste 3-B
City: New York | State: NY | Zip Code: 10016-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 515.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38260
Amount of Each Receipt this Period: 150.00
Receipt

C.
Full Name (Last, First, Middle Initial): Tay Weinman
Mailing Address: 571 W 7th St
City: San Pedro | State: CA | Zip Code: 90731-3115
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 29 2001
Transaction ID: 122020017C38628
Amount of Each Receipt this Period: 250.00
Receipt

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

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: PAGE 48 / 51
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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)
Paul Wiesner
Mailing Address Ste B
1600 E Pavilion Pl
City: Montrose State: CO Zip Code: 81401-5337
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 02 2001
Transaction ID: 1120200139C38180
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Donald Wilson
Mailing Address 201 Pennsylvania Parkway
City: Indianapolis State: IN Zip Code: 46280-1381
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 11 02 2001
Transaction ID: 1120200139C38201
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Brian Wnorowski
Mailing Address 202 State Hwy 37 West
City: Toms River State: NJ Zip Code: 08755-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 11 29 2001
Transaction ID: 12202D017C3826B
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 1300.00

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: PAGE 49 / 51
(check only one)
[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)
Scott Zeigen

Mailing Address Suite 202-B
130 Almshouse

City: Richboro
State: PA
Zip Code: 18954-

FEC ID number of contributing federal political committee: C

Name of Employer: self
Occupation: Ophthalmologist

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
11 02 2001

Transaction ID: 1120200139C38172

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶	250.00
TOTAL This Period (last page this line number only) ..... ▶	48590.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 51
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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)
Treasury U S
Mailing Address US Treasury
City: Austin State: TX Zip Code: 78701-
FEC ID number of contributing federal political committee: C
Name of Employer: self
Occupation: n/a
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 3.00

Date of Receipt: 11 30 2001
Transaction ID: 122020017C38832
Amount of Each Receipt this Period: 3.00
Other Receipt

B.
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: C
Name of Employer:
Occupation:
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 638.88

Date of Receipt: 11 30 2001
Transaction ID: 122020017C38831
Amount of Each Receipt this Period: 97.07
Other Receipt

SUBTOTAL of Receipts This Page (optional) ..... ▶ 100.07

TOTAL This Period (last page this line number only) ..... ▶ 100.07

Form/Schedule: F3XA Audit adjustment per FEC to correct Beginning and Ending Cash on Hand.
Transaction ID: C00195246