05/18/2004 13 : 38

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)
- X 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)	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 12 01 2001 through 12 31 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

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

Report Covering the Period: From: 12 01 2001 To: 12 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		306046.15
(b) Cash on Hand at Begining of Reporting Period	162310.31	
(c) Total Receipts (from Line 19)	80776.98	327343.92
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	243087.29	635392.07
7. Total Disbursements (from Line 31)	13626.47	405931.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	229460.82	229460.82
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

Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 12 01 2001 To: 12 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)	66047.20	
(ii) Unitemized	14300.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	80347.20	326274.28
(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) ▶	80347.20	326274.28
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.)	429.78	1069.64
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))	80776.98	327343.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	80776.98	327343.92

DETAILED SUMMARY PAGE
of Disbursements

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	11626.47	83833.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	11626.47	83833.35
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	2000.00	321822.90
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))	13626.47	405931.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	13626.47	405931.25

DETAILED SUMMARY PAGE

of Disbursements

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)	80347.20	326274.28
34. Total Contribution Refunds (from Line 28(d))	0.00	275.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	80347.20	325999.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	11626.47	83633.35
37. Offsets to Operating Expenditures (from Line 15. page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11626.47	83633.35

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 81
(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)
John Aljian
Mailing Address 25 Johnson Ave
City: Englewood Cliffs | State: NJ | Zip Code: 07632-2127
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: 12 05 2001
Transaction ID: 12202D017C38751
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Beki Allam
Mailing Address 17202 Red Oak Dr Ste 312
City: Houston | State: TX | Zip Code: 77090-
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: 12 05 2001
Transaction ID: 12202D017C38769
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Steven Bagan
Mailing Address 4344 20th Ave S
City: Fargo | State: ND | Zip Code: 58103-
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: 12 04 2001
Transaction ID: 12202D017C38543
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 81
(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 Baker
Mailing Address 3206 Churchland Blvd
City: Chesapeake | State: VA | Zip Code: 23321-5206
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: 12 20 2001
Transaction ID: 01102002260C38842
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Ray Balyeat
Mailing Address The Williams Medical Plaza
2000 S Wheeling Ave Ste 400
City: Tulsa | State: OK | Zip Code: 74104-5629
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: 12 05 2001
Transaction ID: 122020017C38741
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
John Barnes
Mailing Address PO Box 5620
City: San Angelo | State: TX | Zip Code: 76502-
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: 12 04 2001
Transaction ID: 12202D017C38555
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 81
(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)
Steven Roy Bennett
Mailing Address VitreoRetinal Surgery, PA-Minn Cen
7760 France Ave S Ste 310
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: 12 04 2001
Transaction ID: 12202D017C38599
Amount of Each Receipt this Period: 900.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Todd Berger
Mailing Address Ste S109
5800 49th St N
City: St Petersburg | State: FL | Zip Code: 33709-2146
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: 12 05 2001
Transaction ID: 12202D017C38748
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Amita Bhatt
Mailing Address 2000 Washington Street
Suite 462
City: Newton | State: MA | Zip Code: 02462-
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: 12 18 2001
Transaction ID: 12202D017C38808
Amount of Each Receipt this Period: 400.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1200.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 81
(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 Bishop
Mailing Address 4707 Everhart #108
City: Corpus Christi | State: TX | Zip Code: 78411-
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: 12 18 2001
Transaction ID: 12202D017C38812
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
L Lothaire Bluth
Mailing Address 2810 E University Dr
City: Mesa | State: AZ | Zip Code: 85213-8457
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: 12 04 2001
Transaction ID: 12202D017C38584
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
John G Boatwright
Mailing Address Roper Med Office Bldg
125 Doughty Street/Suite 120
City: Charleston | State: SC | Zip Code: 29403-5738
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: 12 04 2001
Transaction ID: 12202D017C38538
Amount of Each Receipt this Period: 250.00
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 81
(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)
Steven Bodine
Mailing Address Retina Consultations
915 Palmer Road
City: Bronxville | State: NY | Zip Code: 10708-
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: 1700.00

Date of Receipt: 12 05 2001
Transaction ID: 12202D017C38685
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Paul Brailsford
Mailing Address Ste 303
801 N Tustin Ave
City: Santa Ana | State: CA | Zip Code: 92705-3601
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: 12 05 2001
Transaction ID: 12202D017C38771
Amount of Each Receipt this Period: 500.00
Receipt

C.
Full Name (Last, First, Middle Initial)
George Buerger
Mailing Address 3471 Fifth Ave Ste 1115
City: Pittsburgh | State: PA | Zip Code: 15213-3221
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: 12 18 2001
Transaction ID: 12202D017C38811
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 81
(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)
Charlotte Burns
Mailing Address 1850 Summit Ave
City: Madison | State: WI | Zip Code: 53705-4075
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: 12 04 2001
Transaction ID: 12202D017C38570
Amount of Each Receipt this Period: 100.00
Receipt

B. Full Name (Last, First, Middle Initial)
Steven Byers
Mailing Address 1004 Carondelet Ste 405
City: Kansas City | State: MO | Zip Code: 64114-
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: 12 04 2001
Transaction ID: 12202D017C38534
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Thomas Byrd
Mailing Address 3877 Fort Street
City: Lincoln Park | State: MI | Zip Code: 48146-
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: 12 05 2001
Transaction ID: 12202D017C3871B
Amount of Each Receipt this Period: 300.00
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 12 / 81
(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)
William Cain
Mailing Address 1920 Pickens St
City: Columbia | State: SC | Zip Code: 29201-2655
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: 12 05 2001
Transaction ID: 12202D017C38299
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
David Callanan
Mailing Address 1001 N Waldrop Dr Ste 512
City: Arlington | State: TX | Zip Code: 76012-
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: 12 18 2001
Transaction ID: 12202D017C38818
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Louis Cantor
Mailing Address 702 Rotary Circle
City: Indianapolis | State: IN | Zip Code: 46202-5175
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: 12 04 2001
Transaction ID: 12202D017C38527
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 13 / 81
(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)
Douglas Carlson
Mailing Address 1718 Tower Dr W #100
City: Stillwater | State: MN | Zip Code: 55082-7512
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: 12 04 2001
Transaction ID: 12202D017C38869
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Stephen Cassis
Mailing Address 301 49th St SE
City: Charleston | State: WV | Zip Code: 25304-
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: 12 05 2001
Transaction ID: 12202D017C38288
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Peter Cetta
Mailing Address 10 W Hanover Ave
City: Randolph | State: NJ | Zip Code: 07869-
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: 12 05 2001
Transaction ID: 12202D017C38774
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 81
(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)
Devron Char
Mailing Address CPMC-Davies Campus
45 Castro St Ste 309
City: San Francisco | State: CA | Zip Code: 94114-
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: 350.00

Date of Receipt: 12 04 2001
Transaction ID: 12202D017C38550
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Percival H Chee
Mailing Address KuKui Plaza Mall Ste C116
50 S Beretania St
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: 12 05 2001
Transaction ID: 12202D017C38706
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Gary Chuback
Mailing Address 214-18 24th Avenue
City: Bayside | State: NY | Zip Code: 11360-2219
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: 12 05 2001
Transaction ID: 12202D017C38694
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 81
(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)
Scott Claycomb
Mailing Address 408 S Main St
City: Warren | State: AR | Zip Code: 71671-
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: 12 05 2001
Transaction ID: 12202D017C38683
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
John Cobb
Mailing Address Suite 400
5671 Peachtree Dunwoody Road
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: 400.00

Date of Receipt: 12 05 2001
Transaction ID: 0201200237C39039
Amount of Each Receipt this Period: 400.00
Receipt

C. Full Name (Last, First, Middle Initial)
Richard Conroy
Mailing Address 1299 Jacaranda Blvd
City: Venice | State: FL | Zip Code: 34292-4518
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: 450.00

Date of Receipt: 12 05 2001
Transaction ID: 12202D017C38314
Amount of Each Receipt this Period: 250.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 81
(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)
Stephan Cooper
Mailing Address Highland Clinic, APMC
1455 E Bert Kouns Industrial Loop
City: Shreveport | State: LA | Zip Code: 71105-5634
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: 12 04 2001
Transaction ID: 12202D017C38565
Amount of Each Receipt this Period: 250.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Judy Craythorn
Mailing Address Ste A
4324 S Eastern Ave
City: Las Vegas | State: NV | Zip Code: 89119-6016
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: 12 05 2001
Transaction ID: 12202D017C38283
Amount of Each Receipt this Period: 250.00
Receipt

C.
Full Name (Last, First, Middle Initial)
James Croley
Mailing Address 613 Del Prado Blvd
City: Cape Coral | State: FL | Zip Code: 33990-
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: 12 07 2001
Transaction ID: 12202D017C38615
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **365.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 81
(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)
Martha Darneske Sneary
Mailing Address 8055 Twin Oaks Drive
City: Broadview Heights | State: OH | Zip Code: 44147-
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: 12 04 2001
Transaction ID: 12202D017C38803
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Harriet Dann
Mailing Address Guild Med Ctr Ste 230
825 Washington St
City: Norwood | State: MA | Zip Code: 02062-
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: 12 05 2001
Transaction ID: 12202D017C38698
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Nazareth Deraklian
Mailing Address 2595 E Washington Blvd Ste 102
City: Pasadena | State: CA | Zip Code: 91107-
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: 12 18 2001
Transaction ID: 12202D017C38817
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 81
(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)
Elliot Davidoff
Mailing Address Center For Sight
1371 W Main St
City: Newark | State: OH | Zip Code: 43055-3676
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: 12 / 18 / 2001
Transaction ID: 12202D017C38819
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Andrew Davidson
Mailing Address Village Sq
3515 Trent Rd
City: New Bern | State: NC | Zip Code: 28562-2220
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: 12 / 05 / 2001
Transaction ID: 12202D017C38315
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Glenn Kenneth Davis
Mailing Address 1510 Bob White Boulevard
City: Pulaski | State: VA | Zip Code: 24301-4408
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: 12 / 05 / 2001
Transaction ID: 12202D017C38302
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 19 / 81
(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)
Woody Davis
Mailing Address Bldg B
5002 Hwy 39 N
City: Meridian | State: MS | Zip Code: 39301-1078
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: 12 05 2001
Transaction ID: 12202D017C38714
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
William Deutsch
Mailing Address Suite 918
1725 West Harrison Street
City: Chicago | State: IL | Zip Code: 60612-3864
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: 12 13 2001
Transaction ID: 12202D017C38797
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Jeffrey Diskin
Mailing Address 4499 Town Ctr Pkwy
City: Flint | State: MI | Zip Code: 48532-
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: 410.25

Date of Receipt: 12 18 2001
Transaction ID: 12202D017C38828
Amount of Each Receipt this Period: 91.10
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **891.10**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 81
(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)
Gary Dolin
Mailing Address 8060-26th Street West
City: Bradenton | State: FL | Zip Code: 34207-
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: 12 20 2001
Transaction ID: 01102002260C38839
Amount of Each Receipt this Period: 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
John Dryfuss
Mailing Address 7109 Northwest 11th Place
City: Gainesville | State: FL | Zip Code: 32605-
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: 12 05 2001
Transaction ID: 122020017C38286
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Daniel Dryedale
Mailing Address 3845 S Main St
City: Blacksburg | State: VA | Zip Code: 24060-7014
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: 450.00

Date of Receipt: 12 04 2001
Transaction ID: 12202D017C3857B
Amount of Each Receipt this Period: 250.00
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 81
(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)
Omer Duker
Mailing Address 1020 West Buena Vista Road
City: Evansville | State: IN | Zip Code: 47710-
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: 12 04 2001
Transaction ID: 122020017C38573
Amount of Each Receipt this Period: 900.00
Receipt

B. Full Name (Last, First, Middle Initial)
William Eads
Mailing Address 1230 Cumberland Falls Highway
City: Corbin | State: KY | Zip Code: 40701-
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: 12 04 2001
Transaction ID: 122020017C38661
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Alexander Eaton
Mailing Address Retina Health Ctr
2675 Winkler Ave Ste 205
City: Fort Myers | State: FL | Zip Code: 33901-9342
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: 12 18 2001
Transaction ID: 122020017C38814
Amount of Each Receipt this Period: 1000.00
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 81
(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)
Jeffrey Edelstein
Mailing Address 1450 S Dobson Rd
Ste A-104
City: Mesa | State: AZ | Zip Code: 85202-
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: 12 07 2001
Transaction ID: 12202D017C38608
Amount of Each Receipt this Period: 365.00
Receipt

B. Full Name (Last, First, Middle Initial)
Andrew Farber
Mailing Address 5015 South US Highway 41
City: Terre Haute | State: IN | Zip Code: 47802-
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: 12 07 2001
Transaction ID: 12202D017C38691
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Doreen Fezio
Mailing Address Valley Eye Ctr
14914 Sherman Way
City: Van Nuys | State: CA | Zip Code: 91405-
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: 12 07 2001
Transaction ID: 12202D017C38612
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 915.00

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 / 81
(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 Fechtner
Mailing Address 90 Bergen Street, Suite 6100, Box
Institute Of Ophthalmology And Vis
City: Newark | State: NJ | Zip Code: 07101-1709
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: 12 05 2001
Transaction ID: 12202D017C38306
Amount of Each Receipt this Period: 900.00
Receipt

B. Full Name (Last, First, Middle Initial)
Eliot Finkelstein
Mailing Address 1371 Beacon St #100
City: Brookline | State: MA | Zip Code: 02446-
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: 12 07 2001
Transaction ID: 12202D017C38614
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
John Fish
Mailing Address 207 E 7th St
City: Big Spring | State: TX | Zip Code: 79720-2708
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: 12 07 2001
Transaction ID: 12202D017C38616
Amount of Each Receipt this Period: 365.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **915.00**

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 / 81
(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)
Allen Fishman
Mailing Address 92-29 Queens Blvd Ste 21
City: Rego Park | State: NY | Zip Code: 11374-
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: 12 18 2001
Transaction ID: 12202D017C38810
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Brian Flowers
Mailing Address 1201 Summit Ave
City: Fort Worth | State: TX | Zip Code: 76102-
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: 865.00

Date of Receipt: 12 05 2001
Transaction ID: 12202D017C38775
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
William Forrest
Mailing Address Eye Clinic of Yakima
311 S Tenth Ave
City: Yakima | State: WA | Zip Code: 98902-
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: 12 04 2001
Transaction ID: 12202D017C38674
Amount of Each Receipt this Period: 300.00
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

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

FOR LINE NUMBER: PAGE 25 / 81
(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)
Brett Taylor Foxman
Mailing Address 1500 Tilton Rd
City: Northfield | State: NJ | Zip Code: 08225-
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: 12 04 2001
Transaction ID: 122020017C38867
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
John Frangia
Mailing Address Pioneer Valley Ophth Consult
22 University Dr
City: Amherst | State: MA | Zip Code: 01002-2243
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: 12 20 2001
Transaction ID: 0110200228C38837
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Jacqueline Gaboy
Mailing Address 11 West Minster Place
City: Old Tappan | State: NJ | Zip Code: 07675-
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: 12 05 2001
Transaction ID: 12202D017C3831D
Amount of Each Receipt this Period: 400.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 81
(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)
Rafael Gallardo
Mailing Address PO Box 362158
City: San Juan | State: PR | Zip Code: 00936-2158
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: 375.00

Date of Receipt: 12 18 2001
Transaction ID: 12020017C38823
Amount of Each Receipt this Period: 125.00
Receipt

B. Full Name (Last, First, Middle Initial)
Robert Graham
Mailing Address 1021 West Armitage
City: Chicago | State: IL | Zip Code: 60614-
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: 12 05 2001
Transaction ID: 12020017C38778
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Joseph Greco
Mailing Address Unit 706
11 Church St
City: Salem | State: MA | Zip Code: 01970-3764
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: 12 05 2001
Transaction ID: 12020017C38308
Amount of Each Receipt this Period: 300.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **925.00**

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 / 81
(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)
Paul Greenfield
Mailing Address 503 Broadway
City: Everett | State: MA | Zip Code: 02149-
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: 12 04 2001
Transaction ID: 12202D017C38545
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Frank Griffith
Mailing Address 1410 E. Iron Ave Ste #2
City: Salina | State: KS | Zip Code: 67401-
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: 12 04 2001
Transaction ID: 12202D017C38567
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Michael Gulkey
Mailing Address Ste 100
3209 N Fourth St
City: Longview | State: TX | Zip Code: 75601-
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: 12 05 2001
Transaction ID: 12202D017C38716
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 81
(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)
Peter Haffner
Mailing Address 295 Washington Ave
City: Hamden | State: CT | Zip Code: 06518-
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: 12 05 2001
Transaction ID: 12202D017C38881
Amount of Each Receipt this Period: 900.00
Receipt

B. Full Name (Last, First, Middle Initial)
Varant Hagopian
Mailing Address 300 Mount Auburn St Ste 414
City: Cambridge | State: MA | Zip Code: 02238-
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: 12 20 2001
Transaction ID: 0110200228C38844
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Carroll Haines
Mailing Address Ste A
515 Thompson St
City: Eden | State: NC | Zip Code: 27288-5040
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: 765.00

Date of Receipt: 12 18 2001
Transaction ID: 12202D017C38808
Amount of Each Receipt this Period: 100.00
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 29 / 81
(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)
Donald Hall
Mailing Address 3303 Indiana Ave
City: Vicksburg | State: MS | Zip Code: 39180-4540
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: 12 04 2001
Transaction ID: 122020017C38557
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Lawrence Helperin
Mailing Address Ste 1C
950 Glades Rd
City: Boca Raton | State: FL | Zip Code: 33431-6401
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: 12 05 2001
Transaction ID: 122020017C38746
Amount of Each Receipt this Period: 365.00
Receipt

C. Full Name (Last, First, Middle Initial)
John Patrick Hanlon
Mailing Address Mary Potter Pavillion Ste 401
2850 W 95th St
City: Evergreen Park | State: IL | Zip Code: 60805-2735
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: 965.00

Date of Receipt: 12 05 2001
Transaction ID: 122020017C38739
Amount of Each Receipt this Period: 300.00
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

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

FOR LINE NUMBER: PAGE 30 / 81
(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 Harbin
Mailing Address Harbin Clinic Eye Ctr
1825 Martha Berry Blvd
City: Rome | State: GA | Zip Code: 30165-1698
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: 12 05 2001
Transaction ID: 12202D017C38313
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Jeffrey Herrington
Mailing Address 1508 Brook Avenue
City: Wichita Falls | State: TX | Zip Code: 76301-
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: 12 20 2001
Transaction ID: 01102002286C38840
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Ghaleb Hatem
Mailing Address 4855 Telegraph Road
City: Dearborn Heights | State: MI | Zip Code: 48125-
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: 12 05 2001
Transaction ID: 12202D017C38311
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 31 / 81
(check only one)
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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)
S Hutson Hay
Mailing Address 310 Clinton Avenue West
City: Huntsville | State: AL | Zip Code: 35801-
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: 12 04 2001
Transaction ID: 12202D017C38572
Amount of Each Receipt this Period: 900.00
Receipt

B. Full Name (Last, First, Middle Initial)
Sarah Jablecki Hays
Mailing Address 250 State Farm Pkwy
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: 12 04 2001
Transaction ID: 12202D017C38602
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Ronald Glenn Herrington
Mailing Address #403
1190 N State St
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: 500.00

Date of Receipt: 12 04 2001
Transaction ID: 12202D017C38556
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 81
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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)
Gary Hirshfield
Mailing Address Ste 102
4231 Golden St
City: Flushing | State: NY | Zip Code: 11355-3861
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: 12 05 2001
Transaction ID: 12202D017C38733
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Jack Holladay
Mailing Address 5108 Braeburn Dr
City: Bellaire | State: TX | Zip Code: 77401-4902
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: 12 04 2001
Transaction ID: 12202D017C38579
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Cleve Howard
Mailing Address 3200 SW 60th Court Ste 103
City: Miami | State: FL | Zip Code: 33155-
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: 12 05 2001
Transaction ID: 12202D017C38723
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 81
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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 Hunsaker
Mailing Address Ste 106
4707 Everhart Rd
City: Corpus Christi | State: TX | Zip Code: 78411-2752
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: 12 04 2001
Transaction ID: 12202D017C38676
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Robert Hutchins
Mailing Address 3219 Clifton Ave #210
City: Cincinnati | State: OH | Zip Code: 45220-3029
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: 12 04 2001
Transaction ID: 12202D017C38588
Amount of Each Receipt this Period: 200.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Sunglun Hwang
Mailing Address 621 Yale Ct
City: Victor | State: NY | Zip Code: 14564-9593
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: 12 07 2001
Transaction ID: 12202D017C38693
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1450.00**

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 34 / 81
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
George Ingraham
Mailing Address 2434 Harrison Ave
City: Eureka | State: CA | Zip Code: 95501-3219
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: 12 04 2001
Transaction ID: 12202D017C38651
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
James Lawrence Jackson
Mailing Address 4011 Orchard Dr
City: Midland | State: MI | Zip Code: 48640-6130
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: 12 07 2001
Transaction ID: 12202D017C38618
Amount of Each Receipt this Period: 365.00
Receipt

C. Full Name (Last, First, Middle Initial)
Jonathan Jewitt
Mailing Address Ste 720
4733 Bethesda Ave
City: Bethesda | State: MD | Zip Code: 20814-5228
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: 12 07 2001
Transaction ID: 12202D017C38619
Amount of Each Receipt this Period: 500.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 81
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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 Jones
Mailing Address 1628 Medical Arts Blvd
City: Anderson | State: IN | Zip Code: 46011-
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: 12 13 2001
Transaction ID: 12202D017C38796
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Lawrence Kahn
Mailing Address 2450 E Guadalupe Rd. Ste 107
City: Gilbert | State: AZ | Zip Code: 82534-
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: 450.00

Date of Receipt: 12 05 2001
Transaction ID: 12202D017C38763
Amount of Each Receipt this Period: 200.00
Receipt

C. Full Name (Last, First, Middle Initial)
Neil Katz
Mailing Address 984 N Broadway Ste L-02
City: Yonkers | State: NY | Zip Code: 10701-
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: 12 05 2001
Transaction ID: 12202D017C38754
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 36 / 81
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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 Katz
Mailing Address 1931 Williamsbridge Rd
City: Bronx | State: NY | Zip Code: 10461-
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: 12 05 2001
Transaction ID: 12202D017C38720
Amount of Each Receipt this Period: 900.00
Receipt

B. Full Name (Last, First, Middle Initial)
Stephen Kelly
Mailing Address PO Box 1727
City: Brownwood | State: TX | Zip Code: 76804-1727
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: 12 04 2001
Transaction ID: 12202D017C38659
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
John Kennedy
Mailing Address 1875 Providence Ave
City: Schenectady | State: NY | Zip Code: 12309-
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: 12 04 2001
Transaction ID: 12202D017C38653
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 37 / 81
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Dennis Khoury
Mailing Address 811B Bustleton Ave
City: Philadelphia | State: PA | Zip Code: 19152-
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: 12 04 2001
Transaction ID: 12202D017C38549
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Steven Kirkham
Mailing Address Marion Eye Center
1482 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: 1000.00

Date of Receipt: 12 18 2001
Transaction ID: 12202D017C38821
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Keranjit Kooner
Mailing Address 5323 Harry Hines Blvd
City: Dallas | State: TX | Zip Code: 75390-9057
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: 12 04 2001
Transaction ID: 12202D017C38559
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 38 / 81
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial)
Geoffrey Kwitko
Mailing Address 808 S Tampania Ave
City: Tampa | State: FL | Zip Code: 33609-4143
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: 12 04 2001
Transaction ID: 122020017C38663
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
G William Lavery
Mailing Address Eye Consultants of Huntington
1611 13th Ave
City: Huntington | State: WV | Zip Code: 25701-
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: 12 04 2001
Transaction ID: 122020017C38662
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Russell Leavitt
Mailing Address 1226 NE Seventh Street
City: Grants Pass | State: OR | Zip Code: 97526-
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: 12 18 2001
Transaction ID: 122020017C38820
Amount of Each Receipt this Period: 200.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1200.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 81
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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)
Grace Lessing
Mailing Address 74 Boylan Lane
City: Blue Point | State: NY | Zip Code: 11715-2304
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: 12 05 2001
Transaction ID: 122020017C38303
Amount of Each Receipt this Period: 150.00
Receipt

B. Full Name (Last, First, Middle Initial)
David Levine
Mailing Address Ste H2
19271 Montgomery Village Ave
City: Montgomery Village | State: MD | Zip Code: 20886-5029
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: 12 05 2001
Transaction ID: 122020017C38697
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Erle Lindstrom
Mailing Address PO Box 407
1020 Adams St
City: Laurel | State: MS | Zip Code: 39441-0407
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: 12 18 2001
Transaction ID: 122020017C38822
Amount of Each Receipt this Period: 500.00
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) for each category of the Detailed Summary Page

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(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)
Richard Lindstrom
Mailing Address 6900 Grove Road
City: Thorofare | State: NJ | Zip Code: 08086-
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: 12 04 2001
Transaction ID: 12202D017C38658
Amount of Each Receipt this Period: 900.00
Receipt

B. Full Name (Last, First, Middle Initial)
Edward Lores
Mailing Address Suite D
4950 SW Lejeune Road
City: Coral Gables | State: FL | Zip Code: 33146-
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: 12 05 2001
Transaction ID: 12202D017C38729
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Richard Low
Mailing Address 5A Fulling Mill Lane
City: Hingham | State: MA | Zip Code: 02043-
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: 12 04 2001
Transaction ID: 12202D017C38597
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

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

FOR LINE NUMBER: PAGE 41 / 81
(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)
Robert Lowery
Mailing Address Lowery Eye Clinic
105 Central Ave
City: Searcy | State: AR | Zip Code: 72143-
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: 12 13 2001
Transaction ID: 122020017C38791
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Robert Lytle
Mailing Address Ste 5
51 Main St
City: Hyannis | State: MA | Zip Code: 02601-3109
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: 375.00

Date of Receipt: 12 18 2001
Transaction ID: 122020017C38827
Amount of Each Receipt this Period: 125.00
Receipt

C.
Full Name (Last, First, Middle Initial)
David Macmillan
Mailing Address Ste 120
4600 Cox Rd
City: Glen Allen | State: VA | Zip Code: 23060-6708
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: 12 05 2001
Transaction ID: 122020017C38726
Amount of Each Receipt this Period: 100.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 525.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 81
(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)
David Mallory
Mailing Address 1240 SW 44th
City: Oklahoma City | State: OK | Zip Code: 73109-
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: 12 04 2001
Transaction ID: 12202D017C38875
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Thomas Manco
Mailing Address 1329 E High St
City: Pottstown | State: PA | Zip Code: 19464-
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: 12 05 2001
Transaction ID: 12202D017C38293
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Karl Marchanese
Mailing Address The Eye Care Center
325 West St
City: Canandaigua | State: NY | Zip Code: 14424-
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: 12 05 2001
Transaction ID: 12202D017C38777
Amount of Each Receipt this Period: 250.00
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 43 / 81
(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)
Mark Christophe Maria
Mailing Address 150 Quail Lane
City: Lebanon | State: PA | Zip Code: 17042-9403
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: 12 18 2001
Transaction ID: 12202D017C38825
Amount of Each Receipt this Period: 125.00
Receipt

B. Full Name (Last, First, Middle Initial)
Theodore Marshburn
Mailing Address 15925 E Whittier Blvd
City: Whittier | State: CA | Zip Code: 90603-
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: 12 05 2001
Transaction ID: 12202D017C38773
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Stephen Martin
Mailing Address P.O. Box 785
City: Presque Isle | State: ME | Zip Code: 04769-
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: 12 05 2001
Transaction ID: 12202D017C38300
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 925.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 81
(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)
Jack Mason
Mailing Address 555 South Dora Street
City: Ukiah | State: CA | Zip Code: 95482-
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: 12 05 2001
Transaction ID: 12202D017C38700
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Janina Matsko
Mailing Address 250 Philip Place
City: Philadelphia | State: PA | Zip Code: 19106-
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: 12 05 2001
Transaction ID: 12202D017C38679
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Richard Mauer
Mailing Address Mauer Eye Ctr PC
3410 Kimball Ave
City: Waterloo | State: IA | Zip Code: 50702-
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: 12 04 2001
Transaction ID: 12202D017C38665
Amount of Each Receipt this Period: 300.00
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 81
(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)
Mark Lawrence Mazow
Mailing Address 7150 Greenville Ave Ste 305
City: Dallas | State: TX | Zip Code: 75231-
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: 12 07 2001
Transaction ID: 12202D017C38806
Amount of Each Receipt this Period: 1000.00
Receipt

B. Full Name (Last, First, Middle Initial)
Peter McCanna
Mailing Address 1025 Regent Street
City: Madison | State: WI | Zip Code: 53715-
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: 12 05 2001
Transaction ID: 12202D017C38780
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Michael McEwen
Mailing Address Ste 304
100 Medical Center Dr
City: Gadsden | State: AL | Zip Code: 35903-1130
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: 12 05 2001
Transaction ID: 12202D017C38736
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 81
(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)
Calvin Mein
Mailing Address 4499 Medical Dr Ste 166
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: 300.00

Date of Receipt: 12 05 2001
Transaction ID: 12202D017C38292
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Henry Meisels
Mailing Address 800 Austin St Ste 4D1, West Tower
City: Evanston | State: IL | Zip Code: 60202-
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: 12 05 2001
Transaction ID: 12202D017C38728
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Michael Miller
Mailing Address 2480 S Downing St #100
City: Denver | State: CO | Zip Code: 80210-5843
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: 273.30

Date of Receipt: 12 18 2001
Transaction ID: 12202D017C38826
Amount of Each Receipt this Period: 91.10
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **691.10**

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 / 81
(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)
Carl Minning
Mailing Address 2935 Maple Ave
City: Zanesville | State: OH | Zip Code: 43701-1672
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: 700.00

Date of Receipt: 12 05 2001
Transaction ID: 122020017C38295
Amount of Each Receipt this Period: 500.00
Receipt

B. Full Name (Last, First, Middle Initial)
Craig Morgan
Mailing Address Eye Consultants of Huntington
1611 13th Ave
City: Huntington | State: WV | Zip Code: 25701-
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: 12 05 2001
Transaction ID: 122020017C38289
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
James Murphy
Mailing Address 5202 Faraon St
City: St Joseph | State: MO | Zip Code: 64506-3809
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: 12 20 2001
Transaction ID: D1102D0228C38847
Amount of Each Receipt this Period: 300.00
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 48 / 81
(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)
Clifford Myers
Mailing Address Ste 106
5401 N Knoxville Ave
City: Peoria | State: IL | Zip Code: 61614-5021
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: 12 04 2001
Transaction ID: 12202D017C38528
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Louis Nishamin
Mailing Address 103 Jefferson St
City: Brookville | State: PA | Zip Code: 15825-
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: 12 05 2001
Transaction ID: 12202D017C38750
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Barbara Ann Nugent
Mailing Address 3125 Matlock Rd Ste 105
City: Arlington | State: TX | Zip Code: 76015-2505
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: 12 04 2001
Transaction ID: 12202D017C38551
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 81
(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)
Patrick Parden
Mailing Address 1814 Lincoln Way
City: Coeur dAlene | State: ID | Zip Code: 83814-
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: 12 05 2001
Transaction ID: 12202D017C38758
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Richard Pera
Mailing Address North Fulton Professional Bldg
2500 Hospital Boulevard, Ste 115
City: Roswell | State: GA | Zip Code: 30076-
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: 12 05 2001
Transaction ID: 12202D017C38699
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Joseph Parisi
Mailing Address 931 Tiger Blvd
PO Box 1666
City: Clemson | State: SC | Zip Code: 29631-
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: 12 05 2001
Transaction ID: 12202D017C38702
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 50 / 81
(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)
Jack Pearson
Mailing Address 815 S Mill St
City: Fergus Falls | State: MN | Zip Code: 56537-
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: 12 04 2001
Transaction ID: 12202D017C38600
Amount of Each Receipt this Period: 900.00
Receipt

B. Full Name (Last, First, Middle Initial)
William Penland
Mailing Address The Eye Group of Southern Indiana
1020 West Buena Vista Rd
City: Evansville | State: IN | Zip Code: 47710-
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: 12 04 2001
Transaction ID: 12202D017C38562
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Thomas Prater
Mailing Address 1265 E Primrose St
City: Springfield | State: MO | Zip Code: 65804-4278
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: 12 13 2001
Transaction ID: 12202D017C38798
Amount of Each Receipt this Period: 250.00
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

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

FOR LINE NUMBER: PAGE 51 / 81
(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)
David Pugh
Mailing Address 18599 Lakeshore Boulevard
City: Cleveland | State: OH | Zip Code: 44119-
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: 12 13 2001
Transaction ID: 12202D017C38794
Amount of Each Receipt this Period: 900.00
Receipt

B. Full Name (Last, First, Middle Initial)
Vadrevu Raju
Mailing Address 3140 Collins Ferry Rd
City: Morgantown | State: WV | Zip Code: 26505-3352
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: 12 04 2001
Transaction ID: 12202D017C38670
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Robert Rea
Mailing Address 1815 Winstead Dr
Suite 1
City: Goshen | State: IN | Zip Code: 46528-
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: 12 04 2001
Transaction ID: 12202D017C38571
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 52 / 81
(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)
Syamala H Reddy
Mailing Address Ste 3A
200 Medical Center Dr
City: Hazard | State: KY | Zip Code: 41701-9478
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: 12 05 2001
Transaction ID: 12202D017C38779
Amount of Each Receipt this Period: 900.00
Receipt

B. Full Name (Last, First, Middle Initial)
Michael Redmond
Mailing Address 8333 North Davis Highway
City: Pensacola | State: FL | Zip Code: 32514-
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: 12 07 2001
Transaction ID: 12202D017C38621
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Raldon Hugh Retter
Mailing Address 3271 N Civic Ctr Plz
Ste 6
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: 12 07 2001
Transaction ID: 12202D017C38611
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 81
(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)
David Richardson
Mailing Address 416 W Las Tunas Dr Ste 102
City: San Gabriel | State: CA | Zip Code: 91776-
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: 12 04 2001
Transaction ID: 122020017C38855
Amount of Each Receipt this Period: 1000.00
Receipt

B.
Full Name (Last, First, Middle Initial)
H Miller Richert
Mailing Address 1750 Pine St
City: Abilene | State: TX | Zip Code: 79601-3044
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: 12 20 2001
Transaction ID: 0110200228C38835
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Allen Richmond
Mailing Address 3998 Red Lion Rd Ste 302
City: Philadelphia | State: PA | Zip Code: 19114-1441
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: 12 20 2001
Transaction ID: D1102D0228C38849
Amount of Each Receipt this Period: 150.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **1450.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 81
(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)
J Frederick Riedel
Mailing Address 112 L Casa Via
Ste 260
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: 12 05 2001
Transaction ID: 12202D017C38768
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Frank Romano
Mailing Address 102 Fairview Dr Ste H
Southampton Medical Bldg
City: Franklin | State: VA | Zip Code: 23851-
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: 12 04 2001
Transaction ID: 12202D017C38548
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Harvey Rosenblum
Mailing Address 220 Madison Ave
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: 12 05 2001
Transaction ID: 12202D017C38687
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 55 / 81
(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)
Gerald Roust
Mailing Address 1630 Adams St
City: Mankato | State: MN | Zip Code: 56001-
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: 12 05 2001
Transaction ID: 12202D017C38684
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Richard Ruiz
Mailing Address Hermann Eye Ctr
6411 Fannin St/7th Fl
City: Houston | State: TX | Zip Code: 77030-
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: 12 04 2001
Transaction ID: 12202D017C38580
Amount of Each Receipt this Period: 500.00
Receipt

C. Full Name (Last, First, Middle Initial)
Edwin Hurlbut Ryan
Mailing Address 7760 France Ave S Ste 310
City: Minneapolis | 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: 12 05 2001
Transaction ID: 12202D017C38765
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 56 / 81
(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)
Paul Ryan
Mailing Address Ste D
1420 Tara Hills Dr
City: Pinole | State: CA | Zip Code: 94564-2530
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: 12 04 2001
Transaction ID: 12202D017C38672
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Daniel Schaefer
Mailing Address 4590 Main St
City: Buffalo | State: NY | Zip Code: 14226-
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: 12 04 2001
Transaction ID: 12202D017C38660
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Todd Andrew Scott
Mailing Address 1240 Colonial Commons Ct
City: Lancaster | State: SC | Zip Code: 29720-2200
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: 12 04 2001
Transaction ID: 12202D017C38575
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 57 / 81
(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)
Ronald Self
Mailing Address Golden Ring Executive Pk
19 Fontana Ln Ste 108
City: Baltimore | State: MD | Zip Code: 21237-
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: 12 05 2001
Transaction ID: 122020017C38781
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Susan Senft
Mailing Address Crossroads Medical Centre
75-1028 Henry St, Ste 200
City: Kailua Kona | State: HI | Zip Code: 96740-1679
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: 12 05 2001
Transaction ID: 122020017C38776
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Joseph Shalew
Mailing Address 108 E Lake Mead Dr
Ste 303
City: Henderson | State: NV | Zip Code: 89015-
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: 12 20 2001
Transaction ID: D1102D0228C38846
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 58 / 81
(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 Sharp
Mailing Address 103 West Colt Square Drive
City: Fayetteville | State: AR | Zip Code: 72703-
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: 12 05 2001
Transaction ID: 122020017C38291
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Jeffrey Shaver
Mailing Address Dean A McGee Eye Inst
1005 Medical Park Blvd
City: Edmond | State: OK | Zip Code: 73013-3025
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: 12 05 2001
Transaction ID: 122020017C38695
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
John Sheppard
Mailing Address Medical Tower Ste 403
400 Gresham Dr
City: Norfolk | State: VA | Zip Code: 23507-1501
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: 12 05 2001
Transaction ID: 122020017C3871B
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 81
(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)
Bradford Shingleton
Mailing Address Oph Cnslts of Boston
50 Staniford St Ste 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: 400.00

Date of Receipt: 12 05 2001
Transaction ID: 12202D017C38717
Amount of Each Receipt this Period: 900.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Douglas Shore
Mailing Address 5 Durham Rd
City: Guilford | State: CT | Zip Code: 06437-2076
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: 225.00

Date of Receipt: 12 04 2001
Transaction ID: 12202D017C38554
Amount of Each Receipt this Period: 225.00
Receipt

C.
Full Name (Last, First, Middle Initial)
David Shulman
Mailing Address 999 East Basse Suite #127
City: San Antonio | State: TX | Zip Code: 78209-
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: 1125.00

Date of Receipt: 12 18 2001
Transaction ID: 12202D017C38828
Amount of Each Receipt this Period: 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **775.00**

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 60 / 81
(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)
David Shultz
Mailing Address Ste 101
16350 Roscoe Blvd
City: Northridge | State: CA | Zip Code: 91325-4145
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: 12 05 2001
Transaction ID: 122020017C38744
Amount of Each Receipt this Period: 500.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Gary Sole
Mailing Address PO Box 430
City: Lapeer | State: MI | Zip Code: 48446-
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: 12 20 2001
Transaction ID: 0110200228C38850
Amount of Each Receipt this Period: 300.00
Receipt

C.
Full Name (Last, First, Middle Initial)
Samuel Solish
Mailing Address Eyecare Med Group
53 Sewall St
City: Portland | State: ME | Zip Code: 04102-2625
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: 12 07 2001
Transaction ID: 12202D017C38620
Amount of Each Receipt this Period: 365.00
Receipt

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 81
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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)
Sydney Stapleton
Mailing Address 1726 Metromedical Dr
City: Fayetteville | State: NC | Zip Code: 28304-3861
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: 12 05 2001
Transaction ID: 122020017C38290
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Domenic Strazzulla
Mailing Address 500 Congress St Ste 1-A1
City: Quincy | State: MA | Zip Code: 02169-
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: 12 05 2001
Transaction ID: 122020017C38696
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Scott Strekw
Mailing Address 5770 Club Lane
City: Roanoke | State: VA | Zip Code: 24018-
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: 12 05 2001
Transaction ID: 122020017C38701
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 81
(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)
Gerald Stiph
Mailing Address 2865 N Reynolds Rd
City: Toledo | State: OH | Zip Code: 43615-
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: 12 04 2001
Transaction ID: 12202D017C38531
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Vincent Sutton
Mailing Address 1710 South 70th St
PO Box 8068
City: Lincoln | State: NE | Zip Code: 68506-
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: 12 04 2001
Transaction ID: 12202D017C38569
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Joseph Terry
Mailing Address 2500 Como Avenue
City: St Paul | State: MN | Zip Code: 55108-
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: 12 05 2001
Transaction ID: 12202D017C38787
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 81
(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)
John Thomas
Mailing Address 3519 Friendsville Road
City: Wooster | State: OH | Zip Code: 44691-
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: 12 13 2001
Transaction ID: 122020017C38801
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Matthew Thomas
Mailing Address 1600 S Brentwood Ste 800
City: St Louis | State: MO | Zip Code: 63144-
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: 12 04 2001
Transaction ID: 122020017C38656
Amount of Each Receipt this Period: 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Jonathan Till
Mailing Address Lewis-Gale Clinic 1802 Braeburn Dr
City: Salem | State: VA | Zip Code: 24153-
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: 12 20 2001
Transaction ID: D1102D0228C38851
Amount of Each Receipt this Period: 100.00
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 81
(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)
Gerald Tiller
Mailing Address PO Box 2900
City: Georgetown | State: SC | Zip Code: 29442-2900
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: 12 04 2001
Transaction ID: 12202D017C38581
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Kevin Treacy
Mailing Address 845 Ridgewood Road
City: Duluth | State: MN | Zip Code: 55804-
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: 12 04 2001
Transaction ID: 12202D017C38576
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Robert Trent
Mailing Address 3190 Churn Creek Rd
City: Redding | State: CA | Zip Code: 96002-2122
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: 12 04 2001
Transaction ID: 12202D017C38532
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 81
(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)
Sam Unterrichi
Mailing Address 23 Erick Ave
City: Hewlett | State: NY | Zip Code: 11557-
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: 375.00

Date of Receipt: 12 18 2001
Transaction ID: 12202D017C38824
Amount of Each Receipt this Period: 125.00
Receipt

B. Full Name (Last, First, Middle Initial)
Leo Watson
Mailing Address 3433 S Lafountain
City: Kokomo | State: IN | Zip Code: 46902-
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: 12 04 2001
Transaction ID: 12202D017C38553
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Tony Weaver
Mailing Address 2819 Capitol Medical Boulevard
City: Tallahassee | State: FL | Zip Code: 32308-
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: 12 04 2001
Transaction ID: 12202D017C38535
Amount of Each Receipt this Period: 300.00
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 66 / 81
(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)
Thomas Weed
Mailing Address 510 West 25th St
City: Merced | State: CA | Zip Code: 95340-
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: 12 05 2001
Transaction ID: 12202D017C38294
Amount of Each Receipt this Period: 300.00
Receipt

B. Full Name (Last, First, Middle Initial)
Aaron Weingeist
Mailing Address 3934 S Americus St
City: Seattle | State: WA | Zip Code: 98118-
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: 12 07 2001
Transaction ID: 12202D017C38692
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
Charles Weesley
Mailing Address Ste 101
18051 River Ave
City: Noblesville | State: IN | Zip Code: 46060-6329
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: 12 04 2001
Transaction ID: 12202D017C38668
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 81
(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)
Wayne Whitmore
Mailing Address 116 E 68th 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: 12 13 2001
Transaction ID: 122020017C38800
Amount of Each Receipt this Period: 900.00
Receipt

B. Full Name (Last, First, Middle Initial)
Peter Whitted
Mailing Address Midwest Eye Care
4353 Dodge Street
City: Omaha | State: NE | Zip Code: 68131-
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: 12 07 2001
Transaction ID: 122020017C38605
Amount of Each Receipt this Period: 1000.00
Receipt

C. Full Name (Last, First, Middle Initial)
Dan Allin Wills
Mailing Address 1325 Pennsylvania Ave Ste 670
City: Fort Worth | State: TX | Zip Code: 76104-2133
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: 12 07 2001
Transaction ID: 122020017C38608
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 81
(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 Wilmeth
Mailing Address PO Box 1226
City: Anderson | State: SC | Zip Code: 29622-1226
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: 12 05 2001
Transaction ID: 122020017C38298
Amount of Each Receipt this Period: 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Kai Wong
Mailing Address Mercy Medical Plaza
2323 18th St Ste 501
City: Bakersfield | State: CA | Zip Code: 93301-3454
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: 12 04 2001
Transaction ID: 122020017C38587
Amount of Each Receipt this Period: 300.00
Receipt

C. Full Name (Last, First, Middle Initial)
George Wyhinny
Mailing Address 1875 W Dempster
City: Park Ridge | State: IL | Zip Code: 60068-
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: 12 04 2001
Transaction ID: 122020017C38533
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 81
(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)
David Deok Yu
Mailing Address 10 Congress St Ste 340
City: Pasadena | State: CA | Zip Code: 91105-3023
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: 12 05 2001
Transaction ID: 12020017C38705
Amount of Each Receipt this Period: 300.00
Receipt

B.
Full Name (Last, First, Middle Initial)
Steven Zelko
Mailing Address 309 West Quinto St
City: Santa Barbara | State: CA | Zip Code: 93105-
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: 12 04 2001
Transaction ID: 12020017C38595
Amount of Each Receipt this Period: 500.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	66047.20

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 81
(check only one)
☐ 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)
Adjustment Per Audit
Mailing Address FEC
City: Washington | State: DC | Zip Code: 20463-
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 350.00

Date of Receipt: 12 01 2001
Transaction ID: 0517200432C44643
Amount of Each Receipt this Period: 350.00
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: 716.64

Date of Receipt: 12 31 2001
Transaction ID: 011820024C38889
Amount of Each Receipt this Period: 79.78
Other Receipt

SUBTOTAL of Receipts This Page (optional) ▶	429.78
TOTAL This Period (last page this line number only) ▶	429.78

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	[ ] 30b		

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

A.
Full Name (Last, First, Middle Initial)
Adjustment Per Audit

Mailing Address FEC

City: Washington | State: DC | Zip Code: 20463-

Purpose of Disbursement: AUDIT ADJ PER FEC

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D5172D0432E3774
Date of Disbursement: 12 / 01 / 2001

Amount of Each Disbursement this Period: 2065.00

AUDIT ADJ PER FEC

B.
Full Name (Last, First, Middle Initial)
Adjustment Per Audit

Mailing Address FEC

City: Washington | State: DC | Zip Code: 20463-

Purpose of Disbursement: AUDIT ADJ PER FEC

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D5172D0432E3775
Date of Disbursement: 12 / 01 / 2001

Amount of Each Disbursement this Period: 7784.00

AUDIT ADJ PER FEC

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

Mailing Address PO Box 24512

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

Purpose of Disbursement: UB CKING ACCT EXP NOV 01

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: 0110200230E2921
Date of Disbursement: 12 / 31 / 2001

Amount of Each Disbursement this Period: 513.22

UB CKING ACCT EXP NOV 01

SUBTOTAL of Disbursements This Page (optional) ▶ **10362.22**

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)

[X] 21b	[ ] 22	[ ] 23	[ ] 24	[ ] 25	[ ] 26	
[ ] 27	[ ] 28a	[ ] 28b	[ ] 28c	[ ] 29	[ ] 30b	

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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 DEC 01

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: Primary / General / Other (specify)

Transaction ID: D1182D024E2922
Date of Disbursement: 12 / 31 / 2001

Amount of Each Disbursement this Period: 1264.25

UB CKING ACCT EXP DEC 01

SUBTOTAL of Disbursements This Page (optional) ▶	1264.25
TOTAL This Period (last page this line number only) ▶	11626.47

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 ☐ 30b

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

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

Mailing Address 215 4th Ave, Suite 200

City: Haddon Heights | State: NJ | Zip Code: 08035-1306

Purpose of Disbursement: HOUSE NJ-1

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: 2001 — ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: 12202D017E2917
Date of Disbursement: 12 / 06 / 2001
Amount of Each Disbursement this Period: 1000.00
HOUSE NJ-1

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

Mailing Address 7720 Rogers Ave

City: Milwaukee | State: WI | Zip Code: 53213-1748

Purpose of Disbursement: CHECK VOIDED, ORIG RPTD 3/00

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: 2001 — ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: D4292D0223E3046
Date of Disbursement: 12 / 31 / 2001
Amount of Each Disbursement this Period: -1000.00
CHECK VOIDED; ORIG RPTD 3/00

C. Full Name (Last, First, Middle Initial)
Friends Of Max Baucus

Mailing Address PO Box 586

City: Helena | State: MT | Zip Code: 59624-0586

Purpose of Disbursement: SENATE MT

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: 2001 — ☐ Primary ☒ General ☐ Other (specify)

Transaction ID: 122020017E2916
Date of Disbursement: 12 / 06 / 2001
Amount of Each Disbursement this Period: 2500.00
SENATE MT

SUBTOTAL of Disbursements This Page (optional) ▶ **2500.00**

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 ☐ 30b

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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: CHECK VOIDED, ORIG RPTD 11/99

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2001
X Primary / General / Other (specify)

Transaction ID: D4292D0223E3041
Date of Disbursement: 12 / 31 / 2001

Amount of Each Disbursement this Period: -1000.00

CHECK VOIDED, ORIG RPTD 11/99

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

Mailing Address 970 Seacoast Dr

City: Imperial Beach | State: CA | Zip Code: 01932-2498

Purpose of Disbursement: CHECK VOIDED, ORIG RPTD 11/99

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2001
X Primary / General / Other (specify)

Transaction ID: D4292D0223E3042
Date of Disbursement: 12 / 31 / 2001

Amount of Each Disbursement this Period: -1000.00

CHECK VOIDED, ORIG RPTD 11/99

C. Full Name (Last, First, Middle Initial)
Crane For Congr Comm

Mailing Address PO Box 8534

City: Rolling Meadows | State: IL | Zip Code: 60008-8534

Purpose of Disbursement: HOUSE IL-6

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2001
X Primary / General / Other (specify)

Transaction ID: 122020017E2920
Date of Disbursement: 12 / 06 / 2001

Amount of Each Disbursement this Period: 1000.00

HOUSE IL-6

SUBTOTAL of Disbursements This Page (optional) ▶ **-1000.00**

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 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial)
Ed Bryant For Congress

Mailing Address 1715 Aaron Brenner Dr

City: Memphis | State: TN | Zip Code: 38120-1442

Purpose of Disbursement
CHECK VOIDED, ORIG RPTD 4/00

Candidate Name

Category/ Type

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

Disbursement For: 2001
☒ Primary ☐ General ☐ Other (specify)

Transaction ID: D4292D0223E3048
Date of Disbursement: 12 / 31 / 2001

Amount of Each Disbursement this Period
-1000.00

CHECK VOIDED, ORIG RPTD 4/00

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

Mailing Address 462 California Rd

City: Bronxville | State: NY | Zip Code: 10708-2306

Purpose of Disbursement
CHECK VOIDED, ORIG RPTD 5/00

Candidate Name

Category/ Type

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

Disbursement For: 2001
☒ Primary ☐ General ☐ Other (specify)

Transaction ID: D4292D0223E3050
Date of Disbursement: 12 / 31 / 2001

Amount of Each Disbursement this Period
-2000.00

CHECK VOIDED, ORIG RPTD 5/00

C.
Full Name (Last, First, Middle Initial)
Friends Of Jim Clyburn

Mailing Address 2725 Devine St

City: Columbia | State: SC | Zip Code: 29205-2411

Purpose of Disbursement
CHECK VOIDED, ORIG RPTD 5/00

Candidate Name

Category/ Type

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

Disbursement For: 2001
☒ Primary ☐ General ☐ Other (specify)

Transaction ID: D4292D0223E3049
Date of Disbursement: 12 / 31 / 2001

Amount of Each Disbursement this Period
-1000.00

CHECK VOIDED, ORIG RPTD 5/00

SUBTOTAL of Disbursements This Page (optional) ▶ **-4000.00**

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 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
Friends of Connie Morella

Mailing Address 7101 Wisconsin Ave
#1D2

City: Bethesda | State: MD | Zip Code: 20814-4871

Purpose of Disbursement: HOUSE MD-8

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: 2001 — X Primary ☐ General ☐ Other (specify)

Transaction ID: 12202D017E2912
Date of Disbursement: 12 / 06 / 2001

Amount of Each Disbursement this Period: 2000.00

HOUSE MD-8

B. Full Name (Last, First, Middle Initial)
Gerald C Jerry Weller For Congress

Mailing Address PO Box 15283

City: Washington | State: DC | Zip Code: 20003-0283

Purpose of Disbursement: CHECK VOIDED, ORIG RPTD 9/00

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: 2001 — ☐ Primary X General ☐ Other (specify)

Transaction ID: D429200223E3052
Date of Disbursement: 12 / 31 / 2001

Amount of Each Disbursement this Period: -1000.00

CHECK VOIDED, ORIG RPTD 9/00

C. Full Name (Last, First, Middle Initial)
Charles A Gonzalez Congressional Campaig

Mailing Address PO Box 12612

City: San Antonio | State: TX | Zip Code: 78212-0612

Purpose of Disbursement: CHECK VOIDED, ORIG RPTD 2/00

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President — State: District

Disbursement For: 2001 — X Primary ☐ General ☐ Other (specify)

Transaction ID: D429200223E3043
Date of Disbursement: 12 / 31 / 2001

Amount of Each Disbursement this Period: -1000.00

CHECK VOIDED, ORIG RPTD 2/00

SUBTOTAL of Disbursements This Page (optional) ▶ **0.00**

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 ☐ 30b

PAGE 77 / 81

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

A. Full Name (Last, First, Middle Initial)
Hagel For Senate

Mailing Address 818 Connecticut Ave NW

City: Washington | State: DC | Zip Code: 20006-2701

Purpose of Disbursement: SENATE NE

Candidate Name

Category/ Type

Office Sought: House ☐ Senate ☐ President ☐ | District:

Disbursement For: 2001 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: 12202D017E2915
Date of Disbursement: 12 / 06 / 2001

Amount of Each Disbursement this Period: 1000.00

SENATE NE

B. Full Name (Last, First, Middle Initial)
KOMPAC

Mailing Address PO Box 20209

City: Alexandria | State: VA | Zip Code: 22320-1209

Purpose of Disbursement: LEADERSHIP PAC CONTRIBUTION

Candidate Name

Category/ Type

Office Sought: House ☐ Senate ☐ President ☐ | District:

Disbursement For: Primary ☐ General ☐ Other (specify) ☒ SPECIAL

Transaction ID: D4292D0214E3019
Date of Disbursement: 12 / 06 / 2001

Amount of Each Disbursement this Period: 5000.00

LEADERSHIP PAC CONTRIBUTION

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

Mailing Address PO Box 45444

City: Phoenix | State: AZ | Zip Code: 85064-5444

Purpose of Disbursement: HOUSE AZ-4

Candidate Name

Category/ Type

Office Sought: House ☐ Senate ☐ President ☐ | District:

Disbursement For: 2001 ☒ Primary ☐ General ☐ Other (specify)

Transaction ID: 12202D017E2918
Date of Disbursement: 12 / 06 / 2001

Amount of Each Disbursement this Period: 1000.00

HOUSE AZ-4

SUBTOTAL of Disbursements This Page (optional) ▶ **7000.00**

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 ☐ 30b

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

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

Mailing Address PO Box 1986

City: New Britain | State: CT | Zip Code: 06050-1986

Purpose of Disbursement: HOUSE CT-6

Candidate Name

Category/ Type

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

Disbursement For: 2001 — X Primary / General / Other (specify)

Transaction ID: 12202D017E2913
Date of Disbursement: 12 / 06 / 2001

Amount of Each Disbursement this Period: 1000.00

HOUSE CT-6

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

Mailing Address 111 W Saint John St

City: San Jose | State: CA | Zip Code: 05113-1113

Purpose of Disbursement: HOUSE CA-15

Candidate Name

Category/ Type

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

Disbursement For: 2001 — X Primary / General / Other (specify)

Transaction ID: 12202D017E2914
Date of Disbursement: 12 / 06 / 2001

Amount of Each Disbursement this Period: 1000.00

HOUSE CA-15

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

Mailing Address Po Box 1988

City: Saint Helena | State: CA | Zip Code: 94574-

Purpose of Disbursement: CHECK VOIDED, ORIG RPTD 3/00

Candidate Name

Category/ Type

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

Disbursement For: 2001 — Primary / X General / Other (specify)

Transaction ID: 0429200223E3047
Date of Disbursement: 12 / 31 / 2001

Amount of Each Disbursement this Period: -1000.00

CHECK VOIDED; ORIG RPTD 3/00

SUBTOTAL of Disbursements This Page (optional) ▶ **1000.00**

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 ☐ 30b

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

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

Mailing Address 1800 R St NW

City Washington | State DC | Zip Code 20009-1604

Purpose of Disbursement
CHECK VOIDED, ORIG RPTD 7/00

Candidate Name

Category/ Type

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

Disbursement For: 2001
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: D4292D0223E3051
Date of Disbursement 12 / 31 / 2001

Amount of Each Disbursement this Period
-1000.00

CHECK VOIDED, ORIG RPTD 7/00

B. 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
CHECK VOIDED, ORIG RPTD 10/00

Candidate Name

Category/ Type

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

Disbursement For: 2001
☐ Primary ☒ General ☐ Other (specify)

Transaction ID: D4292D0223E3054
Date of Disbursement 12 / 31 / 2001

Amount of Each Disbursement this Period
-2000.00

CHECK VOIDED, ORIG RPTD 10/00

C. Full Name (Last, First, Middle Initial)
Richard E Neal For Congress Comm

Mailing Address 76 Magnolia Ter
Po Box 718

City Springfield | State MA | Zip Code 01108-2533

Purpose of Disbursement
CHECK VOIDED, ORIG RPTD 2/00

Candidate Name

Category/ Type

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

Disbursement For: 2001
☒ Primary ☐ General ☐ Other (specify)

Transaction ID: D4292D0223E3044
Date of Disbursement 12 / 31 / 2001

Amount of Each Disbursement this Period
-1000.00

CHECK VOIDED, ORIG RPTD 2/00

SUBTOTAL of Disbursements This Page (optional) ▶ **-4000.00**

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 ☐ 30b

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

A. Full Name (Last, First, Middle Initial)
Elaine Richardson

Mailing Address PO Box 13595

City: Tucson | State: AZ | Zip Code: 85732-3595

Purpose of Disbursement: HOUSE AZ-2

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2001
X Primary / General / Other (specify)

Transaction ID: D8182D027E3119
Date of Disbursement: 12 / 06 / 2001

Amount of Each Disbursement this Period: 2500.00

HOUSE AZ-2

B. Full Name (Last, First, Middle Initial)
Friends Of John Tanner

Mailing Address PO Box 1984

City: Union City | State: TN | Zip Code: 38281-1984

Purpose of Disbursement: CHECK VOIDED, ORIG RPTD 2/00

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2001
X Primary / General / Other (specify)

Transaction ID: D429200223E3045
Date of Disbursement: 12 / 31 / 2001

Amount of Each Disbursement this Period: -1000.00

CHECK VOIDED, ORIG RPTD 2/00

C. Full Name (Last, First, Middle Initial)
The Tom Sawyer Committee

Mailing Address 1540 W Market St

City: Akron | State: OH | Zip Code: 44313-7114

Purpose of Disbursement: CHECK VOIDED, ORIG RPTD 9/00

Candidate Name

Category/ Type

Office Sought: House / Senate / President
State: District

Disbursement For: 2001
Primary / X General / Other (specify)

Transaction ID: D429200223E3053
Date of Disbursement: 12 / 31 / 2001

Amount of Each Disbursement this Period: -1000.00

CHECK VOIDED, ORIG RPTD 9/00

SUBTOTAL of Disbursements This Page (optional) ▶ **500.00**

TOTAL This Period (last page this line number only) ▶ **2000.00**

Form/Schedule: F3XA
Transaction ID: C00195246

Audit adjustment per FEC to correct Beginning and Ending Cash on Hand and Schedules A and B.