05/13/2002 12 : 58

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼ 655 Beach Street

Check if different than previously reported. (ACC)

San Francisco | CA | 94109 –

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

C00196246

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

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

Termination Report (TER)

(b) Monthly Report Due On:

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

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

Election on in the State of

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

Election on in the State of

5. Covering Period 02 01 2002 through 02 28 2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carol Beatty

Signature of Treasurer Electronically Filed by Carol Beatty Date 04 29 2002

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

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

Report Covering the Period: From: 02 01 2002 To: 02 28 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2002		225560.32
(b) Cash on Hand at Begining of Reporting Period	257184.06	
(c) Total Receipts (from Line 19)	9415.86	47792.74
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	266599.92	273353.06
7. Total Disbursements (from Line 30)	95733.34	102486.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	170866.58	170866.58
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

CA

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
OF RECEIPTS

Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 02 01 2002 To: 02 28 2002

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)	6740.00	
(ii) Unitemized	2582.20	
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	9322.20	47647.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ▶	9322.20	47647.20
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts Dividends, Interest, etc.)	93.66	145.54
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	9415.86	47792.74
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	9415.86	47792.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	733.34	1586.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	733.34	1586.48
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	95000.00	100000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	900.00
(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	900.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	95733.34	102486.48
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	95733.34	102486.48
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	9322.20	47647.20
33. Total Contribution Refunds (from Line 28(d))	0.00	900.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	9322.20	46747.20
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	733.34	1586.48
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	733.34	1586.48

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 28

[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): Victoria Bartolomei
Mailing Address: 431 Cesar Gonzalez, Hato Rey
City: San Juan State: PR Zip Code: 00918-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 02 22 2002
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0318200230C390993

B.
Full Name (Last, First, Middle Initial): Arthur Basham
Mailing Address: 212 Oak Meadow Dr
City: Los Gatos State: CA Zip Code: 95030-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 02 07 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0219200214C390524

C.
Full Name (Last, First, Middle Initial): Arthur Basham
Mailing Address: 212 Oak Meadow Dr
City: Los Gatos State: CA Zip Code: 95030-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 02 19 2002
Amount of Each Receipt this Period: .00
Receipt
Transaction ID: 0219200214C390465

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 28

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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 Cowan
Mailing Address: 1350 S Main St 3200
City: Fort Worth State: TX Zip Code: 76104-7605
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 14 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 031820023DC390829

B.
Full Name (Last, First, Middle Initial): John Dugan
Mailing Address: 1333 Third St, #100
City: Corpus Christi State: TX Zip Code: 78404-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt: 02 07 2002
Amount of Each Receipt this Period: 365.00
Receipt
Transaction ID: 031820023DC3905813

C.
Full Name (Last, First, Middle Initial): Thomas Duncan
Mailing Address: E Texas Eye Assoc 1306 Frank Ave
City: Lufkin State: TX Zip Code: 75904-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 14 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 031820023DC3907314

SUBTOTAL of Receipts This Page (optional) ..... ▶ **865.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 28

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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 Haley
Mailing Address: Garland Ophthalmology Center, 1626 Forest Ln Ste B
City: Garland State: TX Zip Code: 75042-7807
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 02 14 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 031820023DC3908518

B.
Full Name (Last, First, Middle Initial): Mark Hughes
Mailing Address: 73 Chatham St
City: Brookline State: MA Zip Code: 02446-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 14 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 031820023DC3907521

C.
Full Name (Last, First, Middle Initial): Paul Kuck
Mailing Address: Gundersen Lutheran Eye Clinic, 1836 S Ave
City: La Crosse State: WI Zip Code: 54601-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 14 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 031820023DC3909024

SUBTOTAL of Receipts This Page (optional) ..... ▶ **750.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one) PAGE 8 / 28

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

A.
Full Name (Last, First, Middle Initial): Jay Harris Levy
Mailing Address: 100 NW 170th St, Ste 301
City: North Miami Beach | State: FL | Zip Code: 33169-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 07 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0318200230C3906125

B.
Full Name (Last, First, Middle Initial): Eric Paul Lohse
Mailing Address: 301 N Eigth St
City: Springfield | State: IL | Zip Code: 62701-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 02 07 2002
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 0219200214C3904926

C.
Full Name (Last, First, Middle Initial): Colin McCannel
Mailing Address: Mayo Clin Dept Ophth, 200 First St SW
City: Rochester | State: MN | Zip Code: 55905-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 02 14 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0318200230C3909328

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 9 / 28

[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): J Arch McNamara
Mailing Address: 280 Ridings Way
City: Ambler State: PA Zip Code: 19002-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 14 2002
Amount of Each Receipt this Period: 125.00
Receipt
Transaction ID: 031820023DC3907629

B. Full Name (Last, First, Middle Initial): James Mims
Mailing Address: 311 Camden Ste 511
City: San Antonio State: TX Zip Code: 78215-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 02 22 2002
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 031820023DC3909732

C. Full Name (Last, First, Middle Initial): Donald Minckler
Mailing Address: Doheny Eye Institute 1450 San Pablo St Ste 4805
City: Los Angeles State: CA Zip Code: 90033-4866
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 02 22 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 031820023DC3910133

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: (check only one) PAGE 10 / 28

[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): G Peyton Neatrour
Mailing Address: 1201 First Colonial Rd
City: Virginia Beach State: VA Zip Code: 23454-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 02 07 2002
Amount of Each Receipt this Period: 300.00
Receipt
Transaction ID: 031820023DC3906234

B.
Full Name (Last, First, Middle Initial): Roger Novack
Mailing Address: 1127 Wilshire Blvd Ste 1620
City: Los Angeles State: CA Zip Code: 90017-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 14 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 031820023DC3908836

C.
Full Name (Last, First, Middle Initial): Dalia Sang
Mailing Address: 73 Chatham St
City: Brookline State: MA Zip Code: 02446-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 02 14 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 031820023DC3907442

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 11 / 28

[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 Shulman
Mailing Address: 999 East Basse Suite #127
City: San Antonio State: TX Zip Code: 78209-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 14 2002
Amount of Each Receipt this Period: 250.00
Receipt
Transaction ID: 0318200230C3907043

B.
Full Name (Last, First, Middle Initial): Floyd Wergeland
Mailing Address: 681 Third Ave
City: Chula Vista State: CA Zip Code: 91910-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 07 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0219200214C3905548

C.
Full Name (Last, First, Middle Initial): Milton Falkner White
Mailing Address: 1824 Deo Dara Dr
City: Birmingham State: AL Zip Code: 35226-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 14 2002
Amount of Each Receipt this Period: 500.00
Receipt
Transaction ID: 0318200230C3908949

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

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 12 / 28

[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 Whitman
Mailing Address: 2801 Lemmon Ave Ste# 400
City: Dallas State: TX Zip Code: 75204-
FEC ID number of contributing federal political committee.
Name of Employer: self
Occupation: Ophthalmologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 07 2002
Amount of Each Receipt this Period: 300.00
Receipt

Transaction ID: 0219200214C3904250

B.

C.

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	6740.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 13 / 28

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

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

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

Mailing Address
Po Box 24512

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

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For:
Primary X General
Other (specify) ▼

Aggregate Year-to-Date ▼
145.54

Date of Receipt
02 28 2002

Amount of Each Receipt this Period
93.66

Other Receipt

Transaction ID: 0318200230C39142

B.

C.

SUBTOTAL of Receipts This Page (optional) ..... ▶	**93.66**
TOTAL This Period (last page this line number only) ..... ▶	**93.66**

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

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

Mailing Address
Po Box 24512

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

Purpose of Disbursement
UB cking acct exp Feb 02

Candidate Name

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

Disbursement For: Primary / General / Other (specify)

Category/Type

Date of Disbursement
02 28 2002

Amount of Each Disbursement this Period
733.34

UB cking acct exp Feb 02

Transaction ID: 031820023DE2987

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	733.34
TOTAL This Period (last page this line number only) ..... ▶	733.34

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A.
Full Name (Last, First, Middle Initial): Rep. Joe Barton
Mailing Address: PO Box 1444
City: Ennis State: TX Zip Code: 75120-
Purpose of Disbursement: cancelled original ck...now leaders
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Category/Type: cancelled original ck...now leaders
Date of Disbursement: 02/20/2002
Amount of Each Disbursement this Period: -1000.00
Transaction ID: 031820023DE2969

B.
Full Name (Last, First, Middle Initial): Rep. Joe Barton
Mailing Address: PO Box 1444
City: Ennis State: TX Zip Code: 75120-
Purpose of Disbursement: House-TX 6
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Category/Type: House-TX 6
Date of Disbursement: 02/12/2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 0219200214E2925

C.
Full Name (Last, First, Middle Initial): Michael Burgess For Congress
Mailing Address: 108 Highland Lake Dr
City: Lewisville State: TX Zip Code: 75077-
Purpose of Disbursement: House TX-26
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Category/Type: House TX-26
Date of Disbursement: 02/08/2002
Amount of Each Disbursement this Period: 5000.00
Transaction ID: 0219200214E2927

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial)
Rep. Lois Capps

Mailing Address
38 Ivy Street
City: Washington | State: DC | Zip Code: 20003-

Purpose of Disbursement
House CA-22

Candidate Name

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

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

Date of Disbursement: 02 / 08 / 2002

Amount of Each Disbursement this Period: 1000.00

Category/Type: House CA-22

Transaction ID: 0219200214E2928

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

Mailing Address
PO Box 440305
City: Somerville | State: MA | Zip Code: 02144-

Purpose of Disbursement
House MA-8

Candidate Name

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

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

Date of Disbursement: 02 / 08 / 2002

Amount of Each Disbursement this Period: 1000.00

Category/Type: House MA-8

Transaction ID: 0219200214E2929

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

Mailing Address
5576 Zeiner Ct
City: Atwater | State: CA | Zip Code: 95301-

Purpose of Disbursement
House CA-18

Candidate Name

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

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

Date of Disbursement: 02 / 19 / 2002

Amount of Each Disbursement this Period: 2500.00

Category/Type: House CA-18

Transaction ID: 0318200230E2961

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4500.00**

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)
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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial)
Jean Carnahan For Missouri Committee

Mailing Address
PO Box 920
City: Rolla State: MO Zip Code: 65402-

Purpose of Disbursement
Senate MO

Candidate Name

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

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

Date of Disbursement: 02 / 19 / 2002

Amount of Each Disbursement this Period: 1000.00

Category/Type: Senate MO

Transaction ID: 031820023DE2962

B.
Full Name (Last, First, Middle Initial)
Rep. Christopher Cox

Mailing Address
PO Box 8088-C
City: Newport Beach State: CA Zip Code: 92658-

Purpose of Disbursement
House CA-47

Candidate Name

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

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

Date of Disbursement: 02 / 08 / 2002

Amount of Each Disbursement this Period: 1000.00

Category/Type: House CA-47

Transaction ID: 021920021 4E2930

C.
Full Name (Last, First, Middle Initial)
Rep. Philip M. Crane

Mailing Address
PO Box 8534
City: Rolling Meadows State: IL Zip Code: 60008-

Purpose of Disbursement
House IL-8

Candidate Name

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

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

Date of Disbursement: 02 / 08 / 2002

Amount of Each Disbursement this Period: 1000.00

Category/Type: House IL-8

Transaction ID: 021920021 4E2931

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

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)
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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A. Full Name (Last, First, Middle Initial)
Democratic Congressional Campaign Comm

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

Purpose of Disbursement
Committee Contribution

Candidate Name

Category/Type

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

Disbursement For: Primary X General Other (specify)

Date of Disbursement: 02 / 12 / 2002

Amount of Each Disbursement this Period: 5000.00

Committee Contribution

Transaction ID: 0219200214E2952

B. Full Name (Last, First, Middle Initial)
Democratic National Committee

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

Purpose of Disbursement
Committee Contribution

Candidate Name

Category/Type

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

Disbursement For: Primary X General Other (specify)

Date of Disbursement: 02 / 12 / 2002

Amount of Each Disbursement this Period: 5000.00

Committee Contribution

Transaction ID: 0219200214E2953

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

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

Purpose of Disbursement
Committee Contribution

Candidate Name

Category/Type

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

Disbursement For: Primary X General Other (specify)

Date of Disbursement: 02 / 12 / 2002

Amount of Each Disbursement this Period: 5000.00

Committee Contribution

Transaction ID: 0219200214E2954

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **15000.00**

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)
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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial)
John D Dingell For Congress Committee

Mailing Address
607 Fourteenth St NW
City: Washington
State: DC
Zip Code: 20005-

Purpose of Disbursement
House MI-16

Candidate Name

Category/Type

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

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

Date of Disbursement
02 08 2002

Amount of Each Disbursement this Period
2000.00

House MI-16

Transaction ID: 0219200214E2932

B.
Full Name (Last, First, Middle Initial)
Rep. Eliot L. Engel

Mailing Address
462 California Rd
City: Bronxville
State: NY
Zip Code: 10708-

Purpose of Disbursement
House NY-17

Candidate Name

Category/Type

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

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

Date of Disbursement
02 08 2002

Amount of Each Disbursement this Period
2000.00

House NY-17

Transaction ID: 0219200214E2933

C.
Full Name (Last, First, Middle Initial)
Rep. Phil English

Mailing Address
PO Box 1940
City: Erie
State: PA
Zip Code: 16507-

Purpose of Disbursement
House PA-21

Candidate Name

Category/Type

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

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

Date of Disbursement
02 12 2002

Amount of Each Disbursement this Period
1000.00

House PA-21

Transaction ID: 0219200214E2934

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial): Fattah For Congress
Mailing Address: 7478 Rhoades Street, Suite A
City: Philadelphia State: PA Zip Code: 19151-
Purpose of Disbursement: House PA-2
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 02/12/2002
Amount of Each Disbursement this Period: 1000.00
House PA-2
Transaction ID: 0219200214E2935

B.
Full Name (Last, First, Middle Initial): Ganske for Senate
Mailing Address: 521 E Locust St, 2nd Fl
City: Des Moines State: IA Zip Code: 50309-1939
Purpose of Disbursement: Senate IA
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / X General / Other (specify)
Date of Disbursement: 02/12/2002
Amount of Each Disbursement this Period: 5000.00
Senate IA
Transaction ID: 0219200214E2936

C.
Full Name (Last, First, Middle Initial): Bob Goodlatte For Congress
Mailing Address: Po Box 292
City: Roanoke State: VA Zip Code: 24002-0292
Purpose of Disbursement: House VA-6
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 02/19/2002
Amount of Each Disbursement this Period: 2500.00
House VA-6
Transaction ID: 0318200230E2963

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **8500.00**

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

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

Mailing Address
PO Box 1155
City: Seneca | State: SC | Zip Code: 29679-

Purpose of Disbursement
Senate SC

Candidate Name

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

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

Date of Disbursement: 02 / 19 / 2002

Amount of Each Disbursement this Period: 1000.00

Category/Type: Senate SC

Transaction ID: 031820023DE2965

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

Mailing Address
6100 Elton Ave, Suite 1000
City: Las Vegas | State: NV | Zip Code: 89107-

Purpose of Disbursement
House NV-3

Candidate Name

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

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

Date of Disbursement: 02 / 12 / 2002

Amount of Each Disbursement this Period: 2500.00

Category/Type: House NV-3

Transaction ID: 0219200214E2937

C.
Full Name (Last, First, Middle Initial)
Steve Israel For Congress Committee

Mailing Address
15 Ormond St
City: Huntington Station | State: NY | Zip Code: 11746-

Purpose of Disbursement
House NY-2

Candidate Name

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

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

Date of Disbursement: 02 / 19 / 2002

Amount of Each Disbursement this Period: 1000.00

Category/Type: House NY-2

Transaction ID: 031820023DE2966

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A.
Full Name (Last, First, Middle Initial): Rep. Nancy L. Johnson
Mailing Address: PO Box 1986
City: New Britain State: CT Zip Code: 06050-
Purpose of Disbursement: House CT-5
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Category/Type
Date of Disbursement: 02 12 2002
Amount of Each Disbursement this Period: 1500.00
House CT-5
Transaction ID: 0219200214E2938

B.
Full Name (Last, First, Middle Initial): Rep. Nancy L. Johnson
Mailing Address: PO Box 1986
City: New Britain State: CT Zip Code: 06050-
Purpose of Disbursement: House CT-5
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / X General / Other (specify)
Category/Type
Date of Disbursement: 02 12 2002
Amount of Each Disbursement this Period: 500.00
House CT-5
Transaction ID: 0219200214E2939

C.
Full Name (Last, First, Middle Initial): Rep. Sam Johnson
Mailing Address: PO Box 860096
City: Plano State: TX Zip Code: 75086-
Purpose of Disbursement: House TX-3
Candidate Name
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Category/Type
Date of Disbursement: 02 12 2002
Amount of Each Disbursement this Period: 1000.00
House TX-3
Transaction ID: 0219200214E2940

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

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)
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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A. Full Name (Last, First, Middle Initial)
Sen. Tim Johnson

Mailing Address
PO Box 1859
City: Sioux Falls | State: SD | Zip Code: 57101-

Purpose of Disbursement
Senate SD

Candidate Name

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

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

Date of Disbursement: 02 / 12 / 2002

Amount of Each Disbursement this Period: 1000.00

Category/Type: Senate SD

Transaction ID: 0219200214E2941

B. Full Name (Last, First, Middle Initial)
Mainstream America Pac

Mailing Address
PO Box 4287
City: Baton Rouge | State: LA | Zip Code: 70821-

Purpose of Disbursement
Senate LA

Candidate Name

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

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

Date of Disbursement: 02 / 08 / 2002

Amount of Each Disbursement this Period: 5000.00

Category/Type: Senate LA

Transaction ID: 0219200214E2926

C. Full Name (Last, First, Middle Initial)
Rep. Carolyn McCarthy

Mailing Address
151 Linden Rd
City: Mineola | State: NY | Zip Code: 11501-

Purpose of Disbursement
House NY-4

Candidate Name

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

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

Date of Disbursement: 02 / 19 / 2002

Amount of Each Disbursement this Period: 1000.00

Category/Type: House NY-4

Transaction ID: 0318200230E2967

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

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

Mailing Address
18 E 16th St Rm 401
City: New York | State: NY | Zip Code: 10013-

Purpose of Disbursement
House NY-8

Candidate Name

Category/Type

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

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

Date of Disbursement: 02 / 19 / 2002

Amount of Each Disbursement this Period: 2000.00

House NY-8

Transaction ID: 031820023DE2968

B.
Full Name (Last, First, Middle Initial)
National Republican Congl Comm

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

Purpose of Disbursement
Committee Contribution

Candidate Name

Category/Type

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

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

Date of Disbursement: 02 / 12 / 2002

Amount of Each Disbursement this Period: 5000.00

Committee Contribution

Transaction ID: 021920021 4E2955

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

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

Purpose of Disbursement
Committee Contribution

Candidate Name

Category/Type

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

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

Date of Disbursement: 02 / 12 / 2002

Amount of Each Disbursement this Period: 5000.00

Committee Contribution

Transaction ID: 021920021 4E2956

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial): Nussle For Congress
Mailing Address: Po Box 324
City: Manchester State: IA Zip Code: 52057-0324
Purpose of Disbursement: House IA-2
Candidate Name:
Category/Type: House IA-2
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 02 12 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 0219200214E2942

B.
Full Name (Last, First, Middle Initial): John Nutting For Congress
Mailing Address: 78 Campbell Rd
City: Leeds State: ME Zip Code: 04263-
Purpose of Disbursement: House ME-2
Candidate Name:
Category/Type: House ME-2
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 02 12 2002
Amount of Each Disbursement this Period: 2500.00
Transaction ID: 0219200214E2943

C.
Full Name (Last, First, Middle Initial): Pickering For Congress
Mailing Address: PO Box 644D
City: Laurel State: MS Zip Code: 39441-
Purpose of Disbursement: House MS-3
Candidate Name:
Category/Type: House MS-3
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 02 12 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 0219200214E2944

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **4500.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A.
Full Name (Last, First, Middle Initial): Redwine Congressional Committee
Mailing Address: PO Box 2211
City: Sioux City State: IA Zip Code: 51104-
Purpose of Disbursement: House IA-5
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Category/Type
Date of Disbursement: 02 / 12 / 2002
Amount of Each Disbursement this Period: 5000.00
House IA-5
Transaction ID: 0219200214E2945

B.
Full Name (Last, First, Middle Initial): Republican National Committee
Mailing Address: 310-1st Street Se
City: Washington State: DC Zip Code: 20003-
Purpose of Disbursement: Committee Contribution
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / X General / Other (specify)
Category/Type
Date of Disbursement: 02 / 12 / 2002
Amount of Each Disbursement this Period: 5000.00
Committee Contribution
Transaction ID: 0219200214E2957

C.
Full Name (Last, First, Middle Initial): Rep. Thomas C. Sawyer
Mailing Address: 1540 W Market St
City: Akron State: OH Zip Code: 44313-
Purpose of Disbursement: House OH-14
Candidate Name:
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Category/Type
Date of Disbursement: 02 / 12 / 2002
Amount of Each Disbursement this Period: 2000.00
House OH-14
Transaction ID: 0219200214E2947

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

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial)
Searchlight Leadership Fund

Mailing Address
818 Connecticut Ave NW, Suite 1100
City: Washington | State: DC | Zip Code: 20009-

Purpose of Disbursement
Senate NV

Candidate Name

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

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

Category/Type: Senate NV

Date of Disbursement: 02 / 12 / 2002

Amount of Each Disbursement this Period: 2500.00

Transaction ID: 0219200214E2948

B. Full Name (Last, First, Middle Initial)
Rep. W. J. Tauzin

Mailing Address
412 South Van
City: Houma | State: LA | Zip Code: 70360-

Purpose of Disbursement
House LA-3

Candidate Name

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

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

Category/Type: House LA-3

Date of Disbursement: 02 / 12 / 2002

Amount of Each Disbursement this Period: 2500.00

Transaction ID: 0219200214E2948

C. Full Name (Last, First, Middle Initial)
Texas Freedom Fund

Mailing Address
Po Box 6136
City: Alexandria | State: VA | Zip Code: 22306-0136

Purpose of Disbursement
Leadership PAC contribution

Candidate Name

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

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

Category/Type: Leadership PAC contribution

Date of Disbursement: 02 / 20 / 2002

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 0318200230E2970

SUBTOTAL of Disbursements This Page (optional) ..... ▶ **6000.00**

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A.
Full Name (Last, First, Middle Initial): Thurman For Congress Comm
Mailing Address: Po Box 5058
City: Inverness | State: FL | Zip Code: 34450-0058
Purpose of Disbursement: House FL-5
Candidate Name:
Category/Type: House FL-5
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 02 12 2002
Amount of Each Disbursement this Period: 2000.00
Transaction ID: 0219200214E2949

B.
Full Name (Last, First, Middle Initial): Tierney For Congress
Mailing Address: 133 Washington St
City: Salem | State: MA | Zip Code: 01970-3521
Purpose of Disbursement: House MA-6
Candidate Name:
Category/Type: House MA-6
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 02 12 2002
Amount of Each Disbursement this Period: 1000.00
Transaction ID: 0219200214E2950

C.
Full Name (Last, First, Middle Initial): Rep. Jim Turner
Mailing Address: 603 East Goliad
City: Crockett | State: TX | Zip Code: 75835-
Purpose of Disbursement: House TX-2
Candidate Name:
Category/Type: House TX-2
Office Sought: House / Senate / President
State: District:
Disbursement For: X Primary / General / Other (specify)
Date of Disbursement: 02 12 2002
Amount of Each Disbursement this Period: 2000.00
Transaction ID: 0219200214E2951

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

TOTAL This Period (last page this line number only) ..... ▶ **95000.00**