REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

MAY 24 11 31 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
AMERICAN ACADEMY OF OPHTHALMOLOGY (OPHTHPAC)

ADDRESS (number and street) ☐ Check if different than previously reported
655 BEACH STREET

CITY, STATE and ZIP CODE
SAN FRANCISCO CA 94109

2. FEC IDENTIFICATION NUMBER
C00196246

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
[X] May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period April 1 through April 30, 1996		
6. (a) Cash on Hand January 1, 19 96		$ 284,323.68
(b) Cash on Hand at Beginning of Reporting Period	$ 184,979.87	
(c) Total Receipts (from Line 19)	$ 2,366.30	$ 46,576.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 187,346.17	$ 330,900.49
7. Total Disbursements (from Line 30)	$ 32,012.55	$ 175,566.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 155,333.62	$ 155,333.62
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
PAULA E. LENT

Signature of Treasurer
Paula Lent Treasurer

Date 5/20/96

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

FEC FORM 3X
(Revised 04/91)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(Revised 12/91)

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

REPORT COVERING PERIOD FROM 4/1/96 TO: 4/30/96

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1,500.00	36,100.00
ii. Unitemized	400.00	8,685.00
iii. Total (add i and ii) ➤	1,900.00	44,785.00
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) ➤	1,900.00	44,785.00
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	466.30	1,791.81
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2,366.30	46,576.81
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2,366.30	46,576.81
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0	0
ii. Non-Federal Share	0	0
b. Other Federal Operating Expenditures	12.55	4,441.97
c. Total Operating Expenditures (Add a i, a ii, and b) ➤	12.55	4,441.97
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	32,000.00	171,125.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (Add a, b and c) ➤	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	32,012.55	175,566.87
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	32,012.55	175,566.87
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	1,900.00	44,785.00
33.		0
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,900.00	44,785.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	12.55	4,441.87
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	12.55	4,441.87

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 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)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Union Bank 50 California Street San Francisco, CA 94109 Receipt For: [ ] Primary [ ] General [X] Other (specify): Income Interest	Name of Employer: N/A Occupation: N/A Aggregate Year-to-Date > $	4/30/96	$356.96
B. Dean Witter Reynolds, Inc. 167 East Second Avenue San Mateo, CA 94401 Receipt For: [ ] Primary [ ] General [X] Other (specify): Income Interest	Name of Employer: N/A Occupation: N/A Aggregate Year-to-Date > $	4/30/96	$109.34
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	466.30
TOTAL This Period (last page this line number only)	466.30

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NAME and ADDRESS	EMPLOYER/OCCUPATION	YTD AMOUNT	DATE	RECEIPT AMOUNT
Prendiville Kevin J Suite 107 300 S Willard Cottonwood AZ 86326	Self-Employed Ophthalmologist	300.00	04/05/96	300.00
Hale Lealie L White Wilson Medical Center 1005 Mar-Walt Drive Fort Walton Beach FL 32547-6796	SELF Ophthalmologist	300.00	04/22/96	300.00
Ronning Lawrence M 6046 Whipple Avenue North Canton OH 44720	N Canton Med Found. Physician	300.00	04/26/96	300.00
Peter Charles A 656 West Market Street Akron OH 44303	SUMMIT OPHTH INC Ophthalmologist	300.00	04/26/96	300.00
Segrist Karen L 533 East Third Street Alton IL 62002	ALTON CENTER OF EYEC Ophthalmologist	300.00	04/29/96	300.00

Subtotal: $1,500.00

TOTAL: $1,500.00

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 11 OF

FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc. Political Committee (OPHTHPAC)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Union Bank 50 California Street San Francisco, CA 94111	Merchant Fees Disbursement for: [ ] Primary [ ] General [X] Other (specify) YTD	4/30/96	12.55
B. Full Name, Mailing Address and ZIP Code American Express 2428 Ericsson Blvd Plantation, FL 33019	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [X] Other (specify) YTD	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Bank 50 California Street San Francisco, CA 94111	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [X] Other (specify) YTD	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 12.55

TOTAL This Period (last page this line number only) 12.55

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 5

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Friends of Connie Mack 1311 N. Westshore Blvd., Ste. 313 Tampa FL 33607	Check Voided 1996 Senate FL Disbursement for: [X] Primary [ ] General [ ] Other (specify)	2/96	<$1,000.00>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month,	Amount of Each

SUBTOTAL of Disbursements This Page (optional) ..... <$1,000.00>

TOTAL This Period (last page this line number only) $32,000.00

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)
Itemized Disbursements
Contributions to Federal Candidates and Other Political Committees
Schedule B
From 04/01/96 To 04/30/96

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NAME and ADDRESS	DISBURSEMENT PURPOSE	DATE	AMOUNT
Reyes for Congress 215 East Yendell El Paso TX 79902	HOUSE / 16 / TX 96 / Primary	04/08/96	2,000.00
John Barrasso for US Senate Post Office Box 51996 Casper WY 82601	SENATE / / WY 96 / Primary	04/10/96	5,000.00
Kay Bailey Hutchison Senate 2000 PO Box 9190 Dallas TX 75209	SENATE / / TX 2000 / Primary	04/10/96	2,500.00
Fattah for Congress 2043 Walnut Street First Floor Rear Philadelphia PA 19103	HOUSE / 2 / PA 96 / Primary	04/10/96	1,000.00
Rob Andrews for Congress Comm 20 Brace Road 2nd Floor Cherry Hill NJ 08034	HOUSE / 1 / NJ 96 / Primary	04/22/96	1,000.00
Mike Bilirakis for Congress PO Box 1077 Tarpon Springs FL 34688	HOUSE / 9 / FL 96 / Primary	04/22/96	1,000.00
Clyburn for Congress PO Box 12567 Columbia SC 29211	HOUSE / 6 / SC 96 / Primary	04/22/96	1,000.00

Subtotal: 13,500.00

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NAME and ADDRESS		DISBURSEMENT PURPOSE	DATE	AMOUNT
Cubin for Congress PO Box 4657 Casper	WY 82604	HOUSE / AL / WY 96 / Primary	04/22/96	1,000.00
Tom Davis for Congress 9001 Braddock Road Suite 200 Springfield	VA 22151	HOUSE / 11 / VA 96 / Primary	04/22/96	2,500.00
John D Dingell for Congress Comm PO Box 75214 Washington	DC 20013-5214	HOUSE / 16 / MI 96 / Primary	04/22/96	1,000.00
Chet Edwards for Congress PO Box 182 Waco	TX 76712	HOUSE / 11 / TX 96 / Primary	04/22/96	1,000.00
Martin Frost Campaign PO Box 4219 Dallas	TX 75208	HOUSE / 24 / TX 96 / Primary	04/22/96	1,000.00
Gephardt in Congress Committee 7435 Watson Suite 107 St Louis	MO 63119	HOUSE / 3 / MO 96 / Primary	04/22/96	1,000.00
Virgil Goode for Congress 124 Orchard Avenue Rocky Mount	VA 24151	HOUSE / 5 / VA 96 / Primary	04/22/96	2,500.00

Subtotal: 10,000.00

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NAME and ADDRESS	DISBURSEMENT PURPOSE	DATE	AMOUNT
Levin for Congress Committee 2107 East 17 Mile Road Sterling Heights MI 48310	HOUSE / 12 / MI 96 / Primary	04/22/96	1,000.00
Maloney for Congress 49 East 92nd Street New York NY 10128	HOUSE / 14 / NY 96 / Primary	04/22/96	500.00
Manton for Congress Inc 46-12 Queens Blvd Suite 211 Sunnyside NY 11104	HOUSE / 7 / NY 96 / Primary	04/22/96	1,000.00
Mascara for Congress Committee PO Box 1109 Washington DC 15301	HOUSE / 20 / PA 96 / Primary	04/22/96	1,000.00
Paxon for Congress PO Box 1995 Williamsville NY 14231	HOUSE / 27 / NY 96 / Primary	04/22/96	1,000.00
Louise Slaughter Reelection Comm PO Box 14117 Rochester NY 14614	HOUSE / 28 / NY 96 / Primary	04/22/96	1,000.00
Jerry Solomon for Congress Comm PO Box 459 Saratoga Springs NY 12866	HOUSE / 22 / NY 96 / Primary	04/22/96	1,000.00

Subtotal: 6,500.00

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NAME and ADDRESS	DISBURSEMENT PURPOSE	DATE	AMOUNT
Pete Stark Campaign Committee BOX 12T Hayward CA 94541	HOUSE / 13 / CA 96 / Primary	04/22/96	2,000.00
The Honorable Mike Ward 1135 Riverside Avenue Suite 200 Baltimore MD 21230	HOUSE / 3 / KY 96 / Primary	04/22/96	1,000.00

Subtotal: 3,000.00

TOTAL: 33,000.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 5/20/96
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMN
PREPARER

5/24/96
DATE PREPARED

FEC FORM 70-2 (12/92)

9 5 0 3 0 - 3 4 0 0 3