

**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) 855 Beach Street
 Check if different than previously reported. (ACC) San Francisco CA 94109

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00196246

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

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 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 (M13)
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 Election on in the State of
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)
 Election on in the State of
 Termination Report (TER) in the State of

5. Covering Period 04 01 2002 through 04 30 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 05 13 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)

Page 2

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

Report Covering the Period: From: ^h04 ^D01 ^v2002 To: ^h04 ^D30 ^v2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^v 2002		225560.32
(b) Cash on Hand at Beginning of Reporting Period	153698.84	
(c) Total Receipts (from Line 19)	20006.41	78717.48
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	173705.25	304277.80
7. Total Disbursements (from Line 30)	86035.09	216607.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	87670.16	87670.16
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	

GA

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: ^W04 ^D01 ^Y2002 To: ^W04 ^D30 ^Y2002

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)	17960.00	
(ii) Unitemized	1941.25	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19901.25	78364.70
(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)	19901.25	78364.70
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.)	105.16	352.78
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)	20006.41	78717.48
20. Total Federal Receipts (subtract Line 18 from Line 19)	20006.41	78717.48

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

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.....	535.09	2707.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	535.09	2707.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85500.00	213000.00
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)..... ▶	86035.09	216607.64
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	86035.09	216607.64
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	19901.25	78364.70
33. Total Contribution Refunds (from Line 28(d)).....	0.00	900.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	19901.25	77464.70
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	535.09	2707.64
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	535.09	2707.64

**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 / 36	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 Anderson

Mailing Address
530 S Holmes Ave PO Box 2410
City State Zip Code
Idaho Falls ID 83401-4751

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Receipt Transaction ID: 0429200244C392341

B. Full Name (Last, First, Middle Initial)
Charley Andrews

Mailing Address
Suite 5D1 1804 Hospital Parkway
City State Zip Code
Bedford TX 76022-

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Receipt Transaction ID: 0510200257C392522

C. Full Name (Last, First, Middle Initial)
Laurie Gray Barber

Mailing Address
UAMS Dept Ophtha 4301 W Markham Slot 523
City State Zip Code
Little Rock AR 72205-

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Receipt Transaction ID: 0510200257C392764

SUBTOTAL of Receipts This Page (optional) ▶ **2250.00**

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 / 36	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Delois Bel

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 7000 W 121st St _____
 City _____ State _____ Zip Code _____
 Leawood _____ KS _____ 66209-2010 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 0 4 / 1 7 / 2 0 0 2

Amount of Each Receipt this Period _____
 500.00

FEC ID number of contributing federal political committee. _____

Name of Employer self _____ Occupation _____
 Ophthalmologist _____

Receipt For: _____ Aggregate Year-to-Date ▼ _____
 Primary General
 Other (specify) ▼ _____ 500.00

Transaction ID: 0510200257C392586

B. A Jan Berlin

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 PO Box 511 _____
 City _____ State _____ Zip Code _____
 South Freeport _____ ME _____ 04078-0511 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 0 4 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period _____
 250.00

FEC ID number of contributing federal political committee. _____

Name of Employer self _____ Occupation _____
 Ophthalmologist _____

Receipt For: _____ Aggregate Year-to-Date ▼ _____
 Primary General
 Other (specify) ▼ _____ 250.00

Transaction ID: 0429200244C392507

C. Brian Michael Brown

Full Name (Last, First, Middle Initial) _____
 Mailing Address _____
 11411 Brookshire Ave _____
 City _____ State _____ Zip Code _____
 Downey _____ CA _____ 90241-5008 _____

Date of Receipt _____
 N M / D E / Y Y Y Y
 0 4 / 1 1 / 2 0 0 2

Amount of Each Receipt this Period _____
 125.00

FEC ID number of contributing federal political committee. _____

Name of Employer self _____ Occupation _____
 Ophthalmologist _____

Receipt For: _____ Aggregate Year-to-Date ▼ _____
 Primary General
 Other (specify) ▼ _____ 250.00

Transaction ID: 0429200213C392188

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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 / 36	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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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 Cinotti

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Mailing Address
600 PAVANIA AVE Sixth Floor

City State Zip Code
Jersey City NJ 07306-2929

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 0429200244C3923810

B. Full Name (Last, First, Middle Initial)
H Paul Cooler

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Mailing Address
320 Midland Pkwy

City State Zip Code
Summerville SC 29485-8113

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Transaction ID: 0429200244C3923011

C. Full Name (Last, First, Middle Initial)
Gary Cowen

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2002

Mailing Address
1350 S Main St

City State Zip Code
Fort Worth TX 76104-7809

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 0429200213C3921312

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

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 36	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Timothy Crowley

Mailing Address
Advanced Vision Assoc LLC 4405 Bellemeade Ave Ste 101
City State Zip Code
Evansville IN 47714

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Receipt
Transaction ID: 0510200257C3925513

Full Name (Last, First, Middle Initial)
B. Dirk Dikstal

Mailing Address
1300 E 20th St
City State Zip Code
Cheyenne WY 82001-4021

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2002

Amount of Each Receipt this Period
365.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 365.00

Receipt
Transaction ID: 0510200257C3927215

Full Name (Last, First, Middle Initial)
C. David Frazz

Mailing Address
61 W Main St Ste 300
City State Zip Code
Dover Foxcroft ME 04426

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Receipt
Transaction ID: 0510200257C3925618

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: (check only one)		PAGE 9 / 36	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Lawrence Frieman
 Full Name (Last, First, Middle Initial)
 Mailing Address: 75 W Front St
 City: Red Bank State: NJ Zip Code: 07701-1621
 Date of Receipt: 04 / 22 / 2002
 Amount of Each Receipt this Period: 300.00
 Name of Employer self: Occupation: Ophthalmologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
 Transaction ID: 0510200257C3927419

B. Ashvani Gulati
 Full Name (Last, First, Middle Initial)
 Mailing Address: 3750 Delaware Ave
 City: Buffalo State: NY Zip Code: 14217-1002
 Date of Receipt: 04 / 22 / 2002
 Amount of Each Receipt this Period: 300.00
 Name of Employer self: Occupation: Ophthalmologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00
 Transaction ID: 0429200244C3922920

C. Frank Hannah
 Full Name (Last, First, Middle Initial)
 Mailing Address: Eye Surgery Center 1622 E Marion St
 City: Shelby State: NC Zip Code: 28150-
 Date of Receipt: 04 / 22 / 2002
 Amount of Each Receipt this Period: 500.00
 Name of Employer self: Occupation: Ophthalmologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
 Transaction ID: 0429200244C3923721

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: (check only one)		PAGE 10 / 36	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Paul Henry

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Mailing Address
2420 N Common Dr

City State Zip Code
Fayetteville AR 72703-3567

Amount of Each Receipt this Period
365.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 365.00

Transaction ID: 0510200257C3927123

B. Full Name (Last, First, Middle Initial)
Mark Hughes

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2002

Mailing Address
73 Chatham St

City State Zip Code
Brookline MA 02446-5451

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 0429200244C3921925

C. Full Name (Last, First, Middle Initial)
Mark Hughes

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Mailing Address
73 Chatham St

City State Zip Code
Brookline MA 02446-5451

Amount of Each Receipt this Period
375.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 875.00

Transaction ID: 0510200257C3925426

SUBTOTAL of Receipts This Page (optional) ▶ **990.00**

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 / 36	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Kenneth Juechter

Mailing Address
2D Watch Hill Rd

City State Zip Code
Craon On Hudson NY 10520-1018

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2002

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Receipt
Transaction ID: 0510200257C3926227

Full Name (Last, First, Middle Initial)
B. Kenneth Karlin

Mailing Address
1800 Town Center Dr

City State Zip Code
Reston VA 20190-3239

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
700.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 1000.00

Receipt
Transaction ID: 0429200244C3923329

Full Name (Last, First, Middle Initial)
C. Patrick King

Mailing Address
911 W 3rd St

City State Zip Code
Yankton SD 57076-3703

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Receipt
Transaction ID: 0429200244C3924530

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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 / 36	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 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 Kneuer

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Mailing Address
2535 Riverside Ave

City State Zip Code
Jacksonville FL 32204-4750

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Receipt
Transaction ID: 0510200257C3927331

B. Full Name (Last, First, Middle Initial)
Ralph Lanciano

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Mailing Address
Lanciano Professional Center 7703 Maple Ave

City State Zip Code
Pennsauken NJ 08109-

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 300.00

Receipt
Transaction ID: 0429200244C3924432

C. Full Name (Last, First, Middle Initial)
Richard Lee

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 2

Mailing Address
491 30th St

City State Zip Code
Oakland CA 94609-3235

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
self Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 125.00

Receipt
Transaction ID: 0429200244C3922733

SUBTOTAL of Receipts This Page (optional) ▶ **1425.00**

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 13 / 36	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Richard Lee

Mailing Address
491 30th St
City: Oakland State: CA Zip Code: 94609-3235

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer self: Occupation: Ophthalmologist Receipt

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 825.00

Transaction ID: 0429200244C3924234

Full Name (Last, First, Middle Initial)
B. Robert Liss

Mailing Address
Village of Cross Keys Sta 314 E Quadrangle
City: Baltimore State: MD Zip Code: 21210-1896

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self: Occupation: Ophthalmologist Receipt

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: 0429200244C3923936

Full Name (Last, First, Middle Initial)
C. Stephanie Jones Maloneaux

Mailing Address
Suite 108 300 Med Pkwy
City: Chesapeake State: VA Zip Code: 23320

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self: Occupation: Ophthalmologist Receipt

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: 0510200257C3927536

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

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)

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

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

A. Full Name (Last, First, Middle Initial)
Robert McKinley

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Mailing Address
1303 Goldsmith Dr

City State Zip Code
Westerville OH 43081-4517

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 0429200244C3923637

B. Full Name (Last, First, Middle Initial)
J Arch McNamara

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 1 / 2 0 0 2

Mailing Address
280 Ridings Way

City State Zip Code
Ambler PA 19002-5246

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 0429200244C3922638

C. Full Name (Last, First, Middle Initial)
Robert Murneh

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Mailing Address
7406 Buckingham Dr

City State Zip Code
Saint Louis MO 63105-2908

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 300.00

Transaction ID: 0429200244C3923140

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kenneth Musson

Mailing Address

929 Business Park Dr

City

State

Zip Code

Traverse City

MI

49686-2992

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period

365.00

FEC ID number of contributing
federal political committee.

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Transaction ID: 0429200244C3924941

Full Name (Last, First, Middle Initial)

B. William Panland

Mailing Address

The Eye Group of Southern Indiana

1020 West Buena Vista Rd

City

State

Zip Code

Evansville

IN

47710-

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 2 2 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 0429200244C3924343

Full Name (Last, First, Middle Initial)

C. Charles Peter

Mailing Address

2905 Tinkham Rd

City

State

Zip Code

Akron

OH

44315-4467

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 1 7 / 2 0 0 2

Amount of Each Receipt this Period

500.00

FEC ID number of contributing
federal political committee.

Name of Employer
self

Occupation

Ophthalmologist

Receipt

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Transaction ID: 0510200257C3926444

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 36	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Philip Rohat Date of Receipt

Mailing Address N M / D E / Y Y Y Y
4425 Metro Cir NW 0 4 / 1 1 / 2 0 0 2

City State Zip Code
North Canton OH 44720-7755

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period

125.00

Name of Employer self	Occupation	Receipt
	Ophthalmologist	

Receipt For: Aggregate Year-to-Date ▼

Primary General 250.00

Other (specify) ▼

Transaction ID: 0429200213C3921047

B. Dennis Ryan Date of Receipt

Mailing Address N M / D E / Y Y Y Y
1836 South Ave 0 4 / 1 1 / 2 0 0 2

City State Zip Code
La Crosse WI 54601-5494

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period

150.00

Name of Employer self	Occupation	Receipt
	Ophthalmologist	

Receipt For: Aggregate Year-to-Date ▼

Primary General 350.00

Other (specify) ▼

Transaction ID: 0429200213C3920548

C. Dalia Sang Date of Receipt

Mailing Address N M / D E / Y Y Y Y
73 Chatham St 0 4 / 1 1 / 2 0 0 2

City State Zip Code
Brookline MA 02446-5451

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period

250.00

Name of Employer self	Occupation	Receipt
	Ophthalmologist	

Receipt For: Aggregate Year-to-Date ▼

Primary General 500.00

Other (specify) ▼

Transaction ID: 0429200237C3921849

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 36	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Delia Sang

Mailing Address
73 Chatham St

City State Zip Code
Brookline MA 02446-5451

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
375.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 875.00

Receipt
Transaction ID: 0510200257C3925350

Full Name (Last, First, Middle Initial)
B. Shweta Saraf

Mailing Address
Rt 84 S & Bunn Rd PO Box 458

City State Zip Code
Hamburg NJ 07419-0458

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
365.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 365.00

Receipt
Transaction ID: 0429200244C3922851

Full Name (Last, First, Middle Initial)
C. Christanne Schoedel

Mailing Address
360 Saint Charles Way

City State Zip Code
York PA 17402-4847

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2002

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Receipt
Transaction ID: 0429200244C3922852

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 18 / 36	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Elwin Schwartz

Mailing Address
Middlesex Eye Physicians 195 S Main St
City State Zip Code
Middletown CT 06457-

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Receipt
Transaction ID: 0510200257C3926753

Full Name (Last, First, Middle Initial)
B. Elwin Schwartz

Mailing Address
Middlesex Eye Physicians 195 S Main St
City State Zip Code
Middletown CT 06457-

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Receipt
Transaction ID: 0429200244C3924754

Full Name (Last, First, Middle Initial)
C. Roger Stehert

Mailing Address
Ophthalmic Consultants 50 Staniford St Ste 600
City State Zip Code
Boston MA 02114-

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Receipt
Transaction ID: 042220021BC3915856

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

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 19 / 36	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Walter Taylor

Mailing Address
Ste 1D1-M 120D First Colonial Rd
City State Zip Code
Virginia Beach VA 23454-

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Receipt
Transaction ID: 0510200257C3925958

Full Name (Last, First, Middle Initial)
B. Kenneth Tuck

Mailing Address
332D Franklin Rd SW
City State Zip Code
Roanoke VA 24014-1396

Date of Receipt
M M / D D / Y Y Y Y
04 / 22 / 2002

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Receipt
Transaction ID: 0429200244C3924162

Full Name (Last, First, Middle Initial)
C. Ann Wam

Mailing Address
Dean A McGee Eye Inst 3201 W Gore Blvd Ste 105
City State Zip Code
Lawton OK 73505-

Date of Receipt
M M / D D / Y Y Y Y
04 / 17 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Receipt
Transaction ID: 0510200257C3926363

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

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 20 / 36	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

A. Full Name (Last, First, Middle Initial)
Barry Weich

Mailing Address
721 Sheridan Ave

City State Zip Code
Cody WY 82414-3439

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 0429200213C3920964

B. Full Name (Last, First, Middle Initial)
David Williams

Mailing Address
Vitreoretinal Surgery, PA-Minn Cen 776D France Ave S Ste 310

City State Zip Code
Minneapolis MN 55435-

Date of Receipt
M M / D D / Y Y Y Y
04 / 11 / 2002

Amount of Each Receipt this Period
125.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 0422200218C3915765

C.

SUBTOTAL of Receipts This Page (optional)	▶	375.00
TOTAL This Period (last page this line number only)	▶	17960.00

**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 21 / 36
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17

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

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

Mailing Address
PO Box 24512

City State Zip Code
San Francisco CA 84124-0512

Date of Receipt
M M / D D / Y Y Y Y
04 / 30 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
105.16

Name of Employer Occupation Other Receipt

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 352.78

Transaction ID: 0510200257C39306

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	105.16
TOTAL This Period (last page this line number only)	▶	105.16

**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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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) A. Union Bank		Date of Disbursement 04 / 30 / 2002
Mailing Address PO Box 24512 City San Francisco State CA Zip Code 94124-0512		Amount of Each Disbursement this Period 490.09
Purpose of Disbursement UB cking acct exp Apr 02		Category/ Type LIB cking acct exp Apr 02
Candidate Name		
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 0510200258E3D64

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	490.09
TOTAL This Period (last page this line number only)	▶	490.09

**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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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 (Last, First, Middle Initial) A. Brian Baird For Congress		Date of Disbursement 04 / 11 / 2002
Mailing Address PO Box 5016 City: Vancouver State: WA Zip Code: 98669-5016		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement House WA-3		Category/ Type House WA-3
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 042220021BE2891
State: District:		

Full Name (Last, First, Middle Initial) B. Melissa Brown		Date of Disbursement 04 / 26 / 2002
Mailing Address PO Box 498 City: Flourtown State: PA Zip Code: 19031-0498		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement House PA-13		Category/ Type House PA-13
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0429200214E3D24
State: District:		

Full Name (Last, First, Middle Initial) C. Ben Cardin For Congress		Date of Disbursement 04 / 11 / 2002
Mailing Address 100 E Pratt St City: Baltimore State: MD Zip Code: 21202-1009		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement House-MD-3		Category/ Type House-MD-3
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 042220021BE2993
State: District:		

SUBTOTAL of Disbursements This Page (optional)	8000.00
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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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 (Last, First, Middle Initial) A. Friends of Jim Clyburn		Date of Disbursement 04 / 11 / 2002
Mailing Address 2725 Devine St City Columbia State SC Zip Code 29205-2411		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement House SC-5	Candidate Name	Category/ Type House SC-5
Office Sought: House Senate President		
State: District:		Transaction ID: 042220021BE2894

Full Name (Last, First, Middle Initial) B. Friends of Kent Conrad		Date of Disbursement 04 / 11 / 2002
Mailing Address PO Box 812 City Bismarck State ND Zip Code 58502-0812		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Senate ND	Candidate Name	Category/ Type Senate ND
Office Sought: House Senate President		
State: District:		Transaction ID: 042220021BE2895

Full Name (Last, First, Middle Initial) C. John Comyn For Senate, Inc		Date of Disbursement 04 / 05 / 2002
Mailing Address 807 Brazos St City Austin State TX Zip Code 78701-2520		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Senate TX	Candidate Name	Category/ Type Senate TX
Office Sought: House Senate President		
State: District:		Transaction ID: 0428200214E3022

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)

PAGE 25 / 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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 (Last, First, Middle Initial) A. DASHPAC		Date of Disbursement 04 / 26 / 2002
Mailing Address 424 C St NE City: Washington State: DC Zip Code: 20002-5818		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Leadership PAC Daschle (SD)		Leadership PAC Daschle (S-D)
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) SPECIAL	Transaction ID: 0429200214E3D28
State: District:		

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Comm		Date of Disbursement 04 / 26 / 2002
Mailing Address 430 S Capitol St SE City: Washington State: DC Zip Code: 20003-4080		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Committee Contribution		Committee Contribution
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 0429200214E3D34
State: District:		

Full Name (Last, First, Middle Initial) C. Democratic National Committee		Date of Disbursement 04 / 26 / 2002
Mailing Address 430 S Capitol St SE City: Washington State: DC Zip Code: 20003-4080		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Committee Contribution		Committee Contribution
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 0429200214E3D35
State: District:		

SUBTOTAL of Disbursements This Page (optional)	12500.00
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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Democratic Senatorial Campaign Comm		Date of Disbursement 04 / 26 / 2002
Mailing Address 430 S Capitol St SE City: Washington State: DC Zip Code: 20003-4080		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Committee Contribution		Category/ Type Committee Contribution
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary X General Other (specify) ▼	Transaction ID: 0429200214E3D38
State: District:		

Full Name (Last, First, Middle Initial) B. John D Dingell For Congress Committee		Date of Disbursement 04 / 11 / 2002
Mailing Address 607 14th St NW City: Washington State: DC Zip Code: 20005-2000		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement House MI-16		Category/ Type House MI-16
Candidate Name		
Office Sought: House Senate President	Disbursement For: X Primary General Other (specify) ▼	Transaction ID: 042220021BE2998
State: District:		

Full Name (Last, First, Middle Initial) C. John D Dingell For Congress Committee		Date of Disbursement 04 / 26 / 2002
Mailing Address 607 14th St NW City: Washington State: DC Zip Code: 20005-2000		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement House MI-16		Category/ Type House MI-16
Candidate Name		
Office Sought: House Senate President	Disbursement For: X Primary General Other (specify) ▼	Transaction ID: 0429200214E3D27
State: District:		

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Doyle For Congress Committee		Date of Disbursement 04 / 11 / 2002	
Mailing Address 2227 Hampton St City State Zip Code Pittsburgh PA 15218-1833		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement House PA-18		Category/ Type House PA-18	
Candidate Name		Transaction ID: 042220021BE2897	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Gephardt In Congress Committee		Date of Disbursement 04 / 26 / 2002	
Mailing Address 7435 Watson Rd City State Zip Code Saint Louis MO 63119-4403		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement House MO-3		Category/ Type House MO-3	
Candidate Name		Transaction ID: 0429200214E3D28	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Goode For Congress		Date of Disbursement 04 / 11 / 2002	
Mailing Address 235 S Main St City State Zip Code Rocky Mount VA 24151-1708		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement House VA-5		Category/ Type House VA-5	
Candidate Name		Transaction ID: 042220021BE2989	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Hulshof For Congress		Date of Disbursement 04 / 11 / 2002	
Mailing Address PO Box 1621 City State Zip Code Columbia MO 65205-1621		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement House MO-9		Category/ Type House MO-9	
Candidate Name		Transaction ID: 042220021BE3D00	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Kind For Congress Committee		Date of Disbursement 04 / 11 / 2002	
Mailing Address 505 King St City State Zip Code La Crosse WI 54601-4082		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement House WI-3		Category/ Type House WI-3	
Candidate Name		Transaction ID: 042220021BE3D01	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Ron Lewis For Congress		Date of Disbursement 04 / 26 / 2002	
Mailing Address PO Box 307 City State Zip Code Elizabethtown KY 42702-0307		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement House KY-3		Category/ Type House KY-3	
Candidate Name		Transaction ID: 0428200214E3D29	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

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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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Lone Star Fund		Date of Disbursement 04 / 11 / 2002	
Mailing Address 607 14th St NW City: Washington State: DC Zip Code: 20005-2005		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement Leadership PAC Martin Frost TX-24		Leadership PAC Martin Frost TX-24	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General X Other (specify) SPECIAL	Transaction ID: 042220021BE2B98	

Full Name (Last, First, Middle Initial) B. Matheussen for Senate		Date of Disbursement 04 / 05 / 2002	
Mailing Address 703 Richmond Ave City: Point Pleasant Bca State: NJ Zip Code: 08742-3041		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Senate NJ		Senate NJ	
Candidate Name			
Office Sought: House Senate President	Disbursement For: X Primary General Other (specify)	Transaction ID: 0429200214E3D21	

Full Name (Last, First, Middle Initial) C. National Republican Congl Comm		Date of Disbursement 04 / 26 / 2002	
Mailing Address 420 1st St SE City: Washington State: DC Zip Code: 20003-1826		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Committee Contribution		Committee Contribution	
Candidate Name			
Office Sought: House Senate President	Disbursement For: X Other (specify) SPECIAL	Transaction ID: 0429200214E3D40	

SUBTOTAL of Disbursements This Page (optional)	7500.00
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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. National Republican Senatorial Committ			Date of Disbursement 04 / 26 / 2002		
Mailing Address Ronald Reagan Republican Center 425 2nd St NE City State Zip Code Washington DC 20002-			Amount of Each Disbursement this Period 5000.00		
Purpose of Disbursement Committee Contribution			Category/ Type Committee Contribution		
Candidate Name Office Sought: House Senate President State: District:			Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) SPECIAL		
			Transaction ID: 0429200214E3D38		

Full Name (Last, First, Middle Initial) B. Next Century Fund			Date of Disbursement 04 / 26 / 2002		
Mailing Address 118 S Royal St City State Zip Code Alexandria VA 22314-3328			Amount of Each Disbursement this Period 2000.00		
Purpose of Disbursement Leadership PAC-Richard Burr (NC)			Category/ Type Leadership PAC-Richard Bu- rr (NC)		
Candidate Name Office Sought: House Senate President State: District:			Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) SPECIAL		
			Transaction ID: 0429200214E3D25		

Full Name (Last, First, Middle Initial) C. Pallone For Congress			Date of Disbursement 04 / 11 / 2002		
Mailing Address PO Box 3176 City State Zip Code Long Branch NJ 07740-3176			Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement House-NJ-6			Category/ Type House-NJ-6		
Candidate Name Office Sought: House Senate President State: District:			Disbursement For: Primary General Other (specify)		
			Transaction ID: 042320020E3013		

SUBTOTAL of Disbursements This Page (optional)	8000.00
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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Pascrell For Congress, Inc		Date of Disbursement 04 / 11 / 2002
Mailing Address 63 Quartz Ln City Paterson State NJ Zip Code 07501-3346		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement House NJ-8		Category/ Type House NJ-8
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 042220021BE3D03
State: District:		

Full Name (Last, First, Middle Initial) B. Jim Ramstad Volunteer Committee		Date of Disbursement 04 / 26 / 2002
Mailing Address 1809 Plymouth Rd City Hopkins State MN Zip Code 55305-1980		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement House MN-3		Category/ Type House MN-3
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0429200214E3D30
State: District:		

Full Name (Last, First, Middle Initial) C. Republican National Committee		Date of Disbursement 04 / 26 / 2002
Mailing Address 310-1st Street Se City Washington State DC Zip Code 20003-		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Committee Contribution		Category/ Type Committee Contribution
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General <input checked="" type="checkbox"/> Other (specify) ▼ SPECIAL	Transaction ID: 0429200214E3D39
State: District:		

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Steve Rothman For Congress		Date of Disbursement 04 / 11 / 2002	
Mailing Address PO Box 714 City Hackensack State NJ Zip Code 07602-0714		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement House NJ-9		Category/ Type House NJ-9	
Candidate Name		Transaction ID: 042220021BE3D04	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Rep. Paul Ryan		Date of Disbursement 04 / 11 / 2002	
Mailing Address 2D S Main St City Janesville State WI Zip Code 53545-3959		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement House WI-1		Category/ Type House WI-1	
Candidate Name		Transaction ID: 042220021BE3D05	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Rep. Paul Ryan		Date of Disbursement 04 / 11 / 2002	
Mailing Address 2D S Main St City Janesville State WI Zip Code 53545-3959		Amount of Each Disbursement this Period -2000.00	
Purpose of Disbursement Posted to different Paul Ryan accou		Category/ Type Posted to different Paul Ryan accou	
Candidate Name		Transaction ID: 042220021BE3D09	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

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)
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Ryan For Congress		Date of Disbursement 04 / 11 / 2002
Mailing Address PO Box 1919 City: Janesville State: WI Zip Code: 53547-1919		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement House WI-1		Category/ Type House WI-1
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 042220021BE3D08
State: District:		

Full Name (Last, First, Middle Initial) B. John Shadegg For Congress		Date of Disbursement 04 / 26 / 2002
Mailing Address PO Box 45444 City: Phoenix State: AZ Zip Code: 85064-5444		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement House AZ-4		Category/ Type House AZ-4
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0429200214E3D31
State: District:		

Full Name (Last, First, Middle Initial) C. Snyder for Congress Campaign Committee		Date of Disbursement 04 / 05 / 2002
Mailing Address PO Box 250998 City: Little Rock State: AR Zip Code: 72225-0998		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement House AR-2		Category/ Type House AR-2
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0429200214E3D23
State: District:		

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Souder for Congress		Date of Disbursement 04 / 05 / 2002	
Mailing Address PO Box 400 City State Zip Code Grabill IN 46741-0400		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement House IN-4		Category/ Type House IN-4	
Candidate Name		Transaction ID: 0429200214E3D20	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Pete Stark Re-Election Committee		Date of Disbursement 04 / 26 / 2002	
Mailing Address PO Box 8331 City State Zip Code Fremont CA 94537-8331		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement House CA-13		Category/ Type House CA-13	
Candidate Name		Transaction ID: 0429200214E3D32	
Office Sought: House Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. John Sullivan For Congress		Date of Disbursement 04 / 11 / 2002	
Mailing Address 6130 S Maplewood Ave City State Zip Code Tulsa OK 74136-2128		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement House OK-1		Category/ Type House OK-1	
Candidate Name		Transaction ID: 0422200218E3D07	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)

<p>A. Full Name (Last, First, Middle Initial) Anne Sumers</p> <p>Mailing Address PO Box 624 City: Paramus State: NJ Zip Code: 07653-0824</p> <p>Purpose of Disbursement House NJ-5</p> <p>Candidate Name</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Office Sought:</td> <td style="width: 20%;">House Senate President</td> <td style="width: 50%;">Disbursement For:</td> </tr> <tr> <td>State:</td> <td>District:</td> <td><input checked="" type="checkbox"/> Primary General Other (specify) ▼</td> </tr> </table> <p style="text-align: right;">Category/ Type House NJ-5</p>	Office Sought:	House Senate President	Disbursement For:	State:	District:	<input checked="" type="checkbox"/> Primary General Other (specify) ▼	<p>Date of Disbursement 04 / 26 / 2002</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>Transaction ID: 0429200214E3D33</p>
Office Sought:	House Senate President	Disbursement For:					
State:	District:	<input checked="" type="checkbox"/> Primary General Other (specify) ▼					
<p>B. Full Name (Last, First, Middle Initial) Pat Toomey For Congress Committee</p> <p>Mailing Address 2720 Jordan Rd City: Orefield State: PA Zip Code: 18069-9479</p> <p>Purpose of Disbursement House PA-15</p> <p>Candidate Name</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Office Sought:</td> <td style="width: 20%;">House Senate President</td> <td style="width: 50%;">Disbursement For:</td> </tr> <tr> <td>State:</td> <td>District:</td> <td><input checked="" type="checkbox"/> Primary General Other (specify) ▼</td> </tr> </table> <p style="text-align: right;">Category/ Type House PA-15</p>	Office Sought:	House Senate President	Disbursement For:	State:	District:	<input checked="" type="checkbox"/> Primary General Other (specify) ▼	<p>Date of Disbursement 04 / 11 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: 042220021BE3D08</p>
Office Sought:	House Senate President	Disbursement For:					
State:	District:	<input checked="" type="checkbox"/> Primary General Other (specify) ▼					
<p>C. Full Name (Last, First, Middle Initial) Jerry Weller For Congress, Inc</p> <p>Mailing Address PO Box 15283 City: Washington State: DC Zip Code: 20003-0283</p> <p>Purpose of Disbursement As disclosed in 2/02 monthly</p> <p>Candidate Name</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Office Sought:</td> <td style="width: 20%;">House Senate President</td> <td style="width: 50%;">Disbursement For:</td> </tr> <tr> <td>State:</td> <td>District:</td> <td><input checked="" type="checkbox"/> Primary General Other (specify) ▼</td> </tr> </table> <p style="text-align: right;">Category/ Type [MEMO ITEM]</p>	Office Sought:	House Senate President	Disbursement For:	State:	District:	<input checked="" type="checkbox"/> Primary General Other (specify) ▼	<p>Date of Disbursement 04 / 16 / 2002</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Transaction ID: 0510200258E3D82</p>
Office Sought:	House Senate President	Disbursement For:					
State:	District:	<input checked="" type="checkbox"/> Primary General Other (specify) ▼					

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Jerry Weller For Congress, Inc		Date of Disbursement 04 / 16 / 2002	
Mailing Address PO Box 15283 City Washington State DC Zip Code 20003-0283		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement redesignation of 3/02 contribution		Category/ Type	[MEMO ITEM] MEMO: redesignation of 3/-02 contribution
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary X General Other (specify) ▼	Transaction ID: 0510200258E3D63	
State: District:			

B.

C.

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	85500.00