

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 16
06/26/2001 12 : 33

1. NAME OF COMMITTEE (in full) American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 655 Beach Street 655 Beach Street	2. FEC IDENTIFICATION NUMBER C00196246
CITY, STATE, and ZIP CODE San Francisco CA 94108-	3. <input type="checkbox"/> This committee has qualified as a multi-candidate 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:
- | | | |
|--------------------------------------|---------------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input checked="" type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type) _____
election on 01/01/2000 In the State of CA
- Thirtieth day report following the General Election
on _____ In the State of _____
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>05/01/2001</u> through <u>05/31/2001</u>		
6. (a) Cash on Hand, January 1, <u>2001</u>		304046.84
(b) Cash on Hand at Beginning of Reporting Period	249747.73	
(c) Total Receipts (from line 19)	23158.13	123281.27
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	272905.86	427329.91
7. Total Disbursements (from line 30)	71890.45	226314.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	201015.41	201015.41
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
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 Electronically Filed by Carol Beatty		
Signature of Treasurer	Date 06/20/2001	

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE American Academy of Ophthalmology, Inc Political Committee IQPHHPAC1		REPORT COVERING PERIOD FROM 05/01/2001 TO: 05/31/2001	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	15160.00	98786.25	11.a.i.
ii. Unitemized	3877.20	24382.18	11.a.ii.
iii. Total	23137.20	123178.43	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	23137.20	123178.43	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	20.93	102.84	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	23158.13	123281.27	19.
20. Total Federal Receipts	23158.13	123281.27	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	390.45	71184.50	21.b.
c. Total Operating Expenditures	390.45	71184.50	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	71500.00	155000.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	150.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	150.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	71890.45	226314.50	30.
31. Total Federal Disbursements	71890.45	226314.50	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	23137.20	123178.43	32.
33. Total Contribution Refunds (from line 28d)	0.00	150.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	23137.20	123028.43	34.
35. Total Federal Operating Expenditures	390.45	71184.50	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	390.45	71184.50	37.

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	3 / 16
				FOR LINE NUMBER 11A1	
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 David Anderson 530 S Holmes Ave Po Box 2410 Idaho Falls ID 83401-4751	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Robert Arends 320 W Commerce St Milford MI 48381-1820	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Albert Biglan 3518 5th Ave Pittsburgh PA 15213-3310	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 300.00			
Full Name, Mailing Address, and ZIP Code Antonio Capone 852 William Beaumont Medical Buid 3535 W Thirteen Mile Rd Royal Oak MI 48073-	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1000.00			
Full Name, Mailing Address, and ZIP Code Donald Cinoli 600 Pavonia Ave Sixth Floor Jersey City NJ 07306-2329	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Susan Day 2340 Clay St Ste 100 San Francisco CA 94115-1932	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Bruce Drago 1000 E Paris Ave SE Grand Rapids MI 49546-2680	Name of Employer Information Requested	Date (month, day, year) 05/29/2001	Amount of Each Receipt this Period 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

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				FOR LINE NUMBER	11A1
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NAME OF COMMITTEE (In Full) American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)					
Full Name, Mailing Address, and ZIP Code James Felch 117 Abbottsford Nashville TN 37215-2430 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 300.00		
Full Name, Mailing Address, and ZIP Code Thomas Carl Ferzl 3519 Friendsville Rd Wooster OH 44691-1241 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Thomas Carl Ferzl 3519 Friendsville Rd Wooster OH 44691-1241 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code John Flaxel 3585 Broadway St North Bend OR 97459-1251 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 1000.00		
Full Name, Mailing Address, and ZIP Code Richard Freeman 502 Metcalf Plz Ste Auburn NY 13021-3598 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code David Gajda 8252 Yellowstone Rd Eye Care Clinic Cheyenne WY 82009-3432 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code Jay Galsl 30 E 60th St New York NY 10022-1008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 300.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 16
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Robert Graham 1021 W Armitage Ave Chicago IL 60614-4162 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Varant Hagopian 300 Mount Auburn St Ste 414 Cambridge MA 02138-5800 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Lealis Hale 1005 Mar Walt Dr White Wilson Medical Center Fort Walton Beach FL 32547-6707 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00
Full Name, Mailing Address, and ZIP Code Ignatius Hneleski 845 W Chester Pike West Chester PA 19382-4878 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 365.00	Date (month, day, year) 05/14/2001	Amount of Each Receipt this Period 365.00
Full Name, Mailing Address, and ZIP Code H Dunbar Hoskins 655 Beach St San Francisco CA 94109-1342 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 1000.00
Full Name, Mailing Address, and ZIP Code Cleve Howard 3200 SW 60th Ct Ste 103 Miami FL 33155-4089 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 05/29/2001	Amount of Each Receipt this Period 300.00
Full Name, Mailing Address, and ZIP Code Kenneth Karlin 1800 Town Center Dr Ste 317 Reston VA 20190-3239 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 300.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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NAME OF COMMITTEE (In Full) American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)					
Full Name, Mailing Address, and ZIP Code Jane KMin 925 N 87th St Eye Institute Milwaukee WI 53226-4912	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested				
Aggregate Year-to-Date > \$ 365.00					
Full Name, Mailing Address, and ZIP Code Diane Jean Kraus PO Box 428 Rhinebeck NY 12572-0428	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested				
Aggregate Year-to-Date > \$ 500.00					
Full Name, Mailing Address, and ZIP Code John Maher 532 S Aiken Ave Pittsburgh PA 15232-1521	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested				
Aggregate Year-to-Date > \$ 300.00					
Full Name, Mailing Address, and ZIP Code Stephanie Jones Marleneaux 300 Medical Pkwy Ste 108 Chesapeake VA 23320-4985	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested				
Aggregate Year-to-Date > \$ 300.00					
Full Name, Mailing Address, and ZIP Code Scott Miller 7232 Engle Rd Fort Wayne IN 46804-2222	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 365.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested				
Aggregate Year-to-Date > \$ 365.00					
Full Name, Mailing Address, and ZIP Code Bernard Milstein 2302 Avenue P Galveston TX 77550-7932	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested				
Aggregate Year-to-Date > \$ 250.00					
Full Name, Mailing Address, and ZIP Code Kenneth Musson 928 Business Park Dr Traverse City MI 49686-6683	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested				
Aggregate Year-to-Date > \$ 300.00					
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	7 / 16
				FOR LINE NUMBER 11A1	
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NAME OF COMMITTEE (In Full) American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)					
Full Name, Mailing Address, and ZIP Code Joseph Noreika 3583 Reserve Commons Dr Medina OH 44256-8180 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Peter Nussbaum 22 Old Short Hills Rd Ste 104 Lincroston NJ 07039-5805 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code Andray Prince 178 E 71st St New York NY 10021-5119 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00		
Full Name, Mailing Address, and ZIP Code John Shore 3705 Medical Pkwy Ste 120 Texas Oculoplastic Consultants Austin TX 78705-1022 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/14/2001	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code David Shulman 999 E Basse Rd Ste 127 San Antonio TX 78209-1802 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/14/2001	Amount of Each Receipt this Period 250.00		
Full Name, Mailing Address, and ZIP Code John Stechschulte 303 E Town St Columbus OH 43215-4887 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 300.00		
Full Name, Mailing Address, and ZIP Code Kevin Sullivan 7447 W Talcott Ave Ste 300 Chicago IL 60631-3714 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date > \$ 365.00	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 365.00		
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A		ITEMIZED RECEIPTS		8 / 16
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)				
Full Name, Mailing Address, and ZIP Code Treder Topping 50 Stanford St Ste 600 Ophth Consultants Of Boston Boston MA 02114-2506	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code George Waring 4170 Ashford Dunwoody Rd NE Ste 30 Emory Vision Correction Center Atlanta GA 30319-1457	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ann Wam 204 SW Crystal Hills Dr Lawton OK 73505-6415	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code C Wilkinson 8589 N Charles St Greater Baltimore Mc/sle 505 Baltimore MD 21204-6831	Name of Employer Information Requested	Date (month, day, year) 05/14/2001	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ruth Williams 2015 N Main St Wheaton Eye Clinic Wheaton IL 60187-3152	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Harry Zink 3519 Friendsville Rd Wooster OH 44891-1241	Name of Employer Information Requested	Date (month, day, year) 05/04/2001	Amount of Each Receipt this Period 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested	Aggregate Year-to-Date > \$ 500.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				19160.00

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 16
			FOR LINE NUMBER 17
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NAME OF COMMITTEE (In Full) American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)			
Full Name, Mailing Address, and ZIP Code Union Bank Po Box 24512 San Francisco CA 94124-0512	Name of Employer Information Requested	Date (month, day, year) 05/31/2001	Amount of Each Receipt this Period 20.93
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Information Requested		
	Aggregate Year-to-Date > 5 102.84		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			20.93

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	10 / 16
			FOR LINE NUMBER 21b
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 Union Bank Po Box 24512 San Francisco CA 94124-0512	Purpose of Disbursement Operating Expenditure UB cking acct exp Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/31/2001	Amount of Each Disbursement This Period 390.45
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			390.45

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	11 / 16
			FOR LINE NUMBER 28
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NAME OF COMMITTEE (In Full) American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)			
Full Name, Mailing Address, and ZIP Code ASORN PO Box 193030 San Francisco CA 94119	Purpose of Disbursement Other Memo Erroneously entered Into Opht Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/03/2001	Amount of Each Disbursement This Period 7784.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			7784.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		12 / 16
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)				
Full Name, Mailing Address, and ZIP Code Berkley For 2002 3069 Conquista Ct Las Vegas NV 89121-3866	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-NV 1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/16/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Bob Matsui For Congress Comm 555 Capitol Mall Ste 1425 Sacramento CA 95814-4602	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-CA 5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 2500.00	
Full Name, Mailing Address, and ZIP Code Ben Cardin For Congress 100 East Pratt St, 27th Fl Baltimore MD 21202-	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-MD 3 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Jean Camahan For Missouri Co- mmittee 426 C St NE, Rear Building Washington DC 20002-	Purpose of Disbursement Contribution to Fed. Comm. Sen- ate-MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/16/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Citizens To Elect Rick Larsen Po Box 326 Everett WA 98206-0326	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-WA 2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/16/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Max Cleland 3146 Northeast Expressway Atlanta GA 30341-	Purpose of Disbursement Contribution to Fed. Comm. Sen- ate-GA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 2500.00	
Full Name, Mailing Address, and ZIP Code Committee To Preserve Capital- ism Po Box 22614 Alexandria VA 22304-9261	Purpose of Disbursement Contribution to Fed. Comm. Lea- dership PA Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : SPECIAL	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 4000.00	
Full Name, Mailing Address, and ZIP Code Comm To Re-elect Vito Fossella 2016 Mount Vernon Ave Fl 3 Alexandria VA 22301-1310	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-NY-13 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/03/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Crane For Congr Comm Po Box 8534 Rolling Meadows IL 60008-8534	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-IL 8 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 1000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		15 / 16
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)				
Full Name, Mailing Address, and ZIP Code Kirk For Congress Inc PO Box 8 Winnetka IL 60093-	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-IL 10 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/16/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Maloney For Congress 49 E 92nd St New York NY 10128-1326	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-NY 14 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Nadler For Congress Inc 18 E 16th St Rm 401 New York NY 10003-3111	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Pallone For Congress Po Box 3176 Long Branch NJ 07740-3176	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-NJ 6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 4000.00	
Full Name, Mailing Address, and ZIP Code People For English Po Box 1940 Erie PA 16507-0940	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-PA 21 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Pete Stark Relection Com Po Box 8331 Fremont CA 94537-	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-CA 13 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Ryan For Congress Po Box 1919 Janesville WI 53547-1919	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-WI 1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Steve Israel For Congress Comm 15 Ormond St Dix Hills NY 11746-6331	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-NY 2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/16/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Ted Strickland For Congress Po Box 580 1337 Thomas Hollow Rd Lucasville OH 45648-0580	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-OH 6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 2000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		16 / 16
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) American Academy of Ophthalmology, Inc Political Committee (OPHTHPAC)				
Full Name, Mailing Address, and ZIP Code Thurman For Congress Committee 450 Pleasant Grove Rd Inverness FL 34452-5746	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-FL-5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Tom Davis For Congress 6429 Downing Ct Annandale VA 22003-2101	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-VA 11 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Pat Toomey For Congress Commi- tee 2720 Jordan Rd Orefield PA 18069-	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-PA 15 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/16/2001	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Upton For All Of Us Po Box 490 Saint Joseph MI 49085-0490	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-MI-6 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Senator John Warner Committee PO Box 1266 Capeville VA 23313-	Purpose of Disbursement Contribution to Fed. Comm. Sen- ate-VA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/16/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Comm To Elect William J Jeffe- rson To T US Congress 650 Poydras St, Suite 2245 New Orleans LA 70130-	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-LA 2 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 1000.00	
Full Name, Mailing Address, and ZIP Code Wynn For Congress c/o Mitchell and Titus, LLP Washington DC 20056-	Purpose of Disbursement Contribution to Fed. Comm. Hou- se-MD-4 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/02/2001	Amount of Each Disbursement This Period 2500.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)			71500.00	