

**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 X AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)	X	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Special (12S)	Runoff (12R)
October 15 Quarterly Report(Q3)		Convention (12C)			
January 31 Quarterly Report(YE)	Election on				in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on				in the State of

5. Covering Period 03 01 2001 through 03 31 2001

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

Type or Print Name of Treasurer Carol Beatty
 Signature of Treasurer Electronically Filed by Carol Beatty Date 02 04 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.

**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: ^{MO} 03 ^{DAY} 01 ^{YEAR} 2001 To: ^{MO} 03 ^{DAY} 31 ^{YEAR} 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{MO} ^{DAY} ^{YEAR} 2001		304048.64
(b) Cash on Hand at Beginning of Reporting Period	308206.03	
(c) Total Receipts (from Line 19)	11031.42	75462.28
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	319237.45	379510.92
7. Total Disbursements (from Line 30)	49534.54	109808.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	269702.91	269702.91
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: ^{MM}03 ^{DD}01 ^{YYYY}2001 To: ^{MM}03 ^{DD}31 ^{YYYY}2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	8242.50	
(ii) Unitemized	2746.66	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10989.16	75401.23
(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)	10989.16	75401.23
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.)	42.26	61.05
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)	11031.42	75462.28
20. Total Federal Receipts (subtract Line 18 from Line 19)	11031.42	75462.28

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.....	534.54	27658.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	534.54	27658.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	49000.00	82000.00
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	150.00
(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	150.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	49534.54	109808.01
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	49534.54	109808.01
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	10989.16	75401.23
33. Total Contribution Refunds (from Line 28(d)).....	0.00	150.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	10989.16	75251.23
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	534.54	27658.01
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	534.54	27658.01

**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 / 21	
	<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)
Bruce Cameron

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2001

Mailing Address
TLC Northwest Eye 10330 Meridian Ave North Ste 370
City State Zip Code
Seattle WA 98133-

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist Receipt

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

Transaction ID: 0406200126C375886

B. Full Name (Last, First, Middle Initial)
Ronald Peter Denis

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2001

Mailing Address
IUMC/Dept Ophthalmology 702 Rotary Circle
City State Zip Code
Indianapolis IN 46202-2175

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist Receipt

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

Transaction ID: 0406200126C3758910

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

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2001

Mailing Address
Retina Consultants PO Box 9970
City State Zip Code
Charleston WV 25339-3970

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Ophthalmologist Receipt

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

Transaction ID: 0406200126C3758511

SUBTOTAL of Receipts This Page (optional) ▶ **900.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 21	
	<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)
Russell Edwin

Mailing Address
1300 28th St S

City State Zip Code
Great Falls MT 59405-5296

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2001

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: 0406200126C3757118

B. Full Name (Last, First, Middle Initial)
R Lowell Handcastle

Mailing Address
1000 W Kings Hwy Sta 5

City State Zip Code
Paragould AR 72450-4197

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2001

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: 0406200126C3759118

C. Full Name (Last, First, Middle Initial)
Veronique Jotterand

Mailing Address
#109 2865 Atlantic Avenue

City State Zip Code
Long Beach CA 90806-1711

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2001

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: 0417200111C3762020

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 7 / 21	
	<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)
Lawrence Kahn

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2001

Mailing Address
5881 E Sapphire Ln

City State Zip Code
Paradise Valley AZ 85253-

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
self physician Receipt

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

Transaction ID: 0406200126C3756921

B. Full Name (Last, First, Middle Initial)
Stephen Kamerezbky

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2001

Mailing Address
1034 S Brentwood Sta 505

City State Zip Code
St Louis MO 63117-

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
self Ophthalmologist Receipt

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

Transaction ID: 0406200126C3757623

C. Full Name (Last, First, Middle Initial)
James Kiley

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2001

Mailing Address
3920 Executive Dr Ste 111

City State Zip Code
Raleigh NC 27809-

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
self Ophthalmologist Receipt

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

Transaction ID: 0406200126C3757324

SUBTOTAL of Receipts This Page (optional) ▶ **1050.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 21	
	<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. James Kinyoun

Mailing Address
Ophth Univ of WA Box 358485
City State Zip Code
Seattle WA 98195-

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
self oph Receipt

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

Transaction ID: 0417200111C3762525

Full Name (Last, First, Middle Initial)
B. Joel Krut

Mailing Address
1B Webster St
City State Zip Code
Brookline MA 02446-

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2001

Amount of Each Receipt this Period
300.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
self oph Receipt

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

Transaction ID: 0417200111C3762627

Full Name (Last, First, Middle Initial)
C. Kathleen Lamping

Mailing Address
1611 S Green Rd Ste 906A
City State Zip Code
South Euclid OH 44121-

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2001

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
self Ophthalmologist Receipt

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

Transaction ID: 0417200111C3762328

SUBTOTAL of Receipts This Page (optional) ▶ **1600.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 21	
	<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)
Eric Paul Lohse

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2001

Mailing Address
301 N Eighth St

City State Zip Code
Springfield IL 62701-

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

Transaction ID: 0406200126C3758532

B. Full Name (Last, First, Middle Initial)
John McDermott

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2001

Mailing Address
655 E Foothill Blvd

City State Zip Code
Claremont CA 91711-

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

Transaction ID: 0417200111C3761833

C. Full Name (Last, First, Middle Initial)
James Merritt

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2001

Mailing Address
8230 WALNUT HILL, STE 518

City State Zip Code
Dallas TX 75231-

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

Transaction ID: 0406200126C3760134

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 10 / 21	
	<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. Robert Neuman

Mailing Address
622 W Maple St Ste E

City State Zip Code
Farmington NM 87401-6589

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2001

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: 0406200126C3759237

Full Name (Last, First, Middle Initial)
B. Steven Podos

Mailing Address
Mt Sinai Med Ctr Box 1183 1 Gustava Levy Place

City State Zip Code
New York NY 10029-

Date of Receipt
M M / D D / Y Y Y Y
03 / 30 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
oph

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

Receipt
Transaction ID: 0417200111C3762738

Full Name (Last, First, Middle Initial)
C. Lawrence Ronning

Mailing Address
6046 Whipple Avenue

City State Zip Code
North Canton OH 44720-

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2001

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: 0406200126C3759440

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 11 / 21

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. Felix Sabates

Mailing Address

8550 Holmes St Ste 120

City

State

Zip Code

Kansas City

MO

64131-

Date of Receipt

N M / D E / Y Y Y Y
03 / 30 / 2001

Amount of Each Receipt this Period

400.00

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 ▼

400.00

Transaction ID: 0417200111C3762441

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

N M / D E / Y Y Y Y
03 / 20 / 2001

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: 0406200126C3757242

Full Name (Last, First, Middle Initial)

C. Karan Segret

Mailing Address

533 E Third St

City

State

Zip Code

Alton

IL

62002-

Date of Receipt

N M / D E / Y Y Y Y
03 / 29 / 2001

Amount of Each Receipt this Period

300.00

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 ▼

600.00

Transaction ID: 0406200126C3759943

SUBTOTAL of Receipts This Page (optional) ▶

1065.00

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

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

A. Robert Shields Date of Receipt

Mailing Address N M / D C / Y Y Y Y
850 E Harvard Ave Sta 115 03 20 2001

City State Zip Code
Denver CO 80210-

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 185.00

Name of Employer self Occupation Receipt
Ophthalmologist

Receipt For: Aggregate Year-to-Date ▼
Primary General 265.00
Other (specify) ▼

Transaction ID: 0406200126C3756644

B. William Francis Varr Date of Receipt

Mailing Address N M / D C / Y Y Y Y
390 Toll Gate Rd Sta 103 03 20 2001

City State Zip Code
Warwick RI 02886-

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 182.50

Name of Employer self Occupation Receipt
Ophthalmologist

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

Transaction ID: 0406200126C3756748

C. David Williams Date of Receipt

Mailing Address N M / D C / Y Y Y Y
Vitreoretinal Surgery, PA-Minn Cen 7760 France Ave S Ste 310 03 20 2001

City State Zip Code
Minneapolis MN 55435-

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period 500.00

Name of Employer self Occupation Receipt
Ophthalmologist

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

Transaction ID: 0406200126C3756048

SUBTOTAL of Receipts This Page (optional)	▶	847.50
TOTAL This Period (last page this line number only)	▶	8242.50

**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 / 21
	<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 / D / Y Y Y Y
03 / 31 / 2001

Amount of Each Receipt this Period
22.10

FEC ID number of contributing federal political committee.

Name of Employer Occupation Other Receipt

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 40.89

Transaction ID: 0406200126C37603

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

Mailing Address
Po Box 24512
City State Zip Code
San Francisco CA 84124-0512

Date of Receipt
M / D / Y Y Y Y
03 / 31 / 2001

Amount of Each Receipt this Period
20.16

FEC ID number of contributing federal political committee.

Name of Employer Occupation Other Receipt

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 61.05

Transaction ID: 0406200126C37605

C.

SUBTOTAL of Receipts This Page (optional)	▶	42.26
TOTAL This Period (last page this line number only)	▶	42.26

**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 14 / 21

<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 03 / 31 / 2001
Mailing Address Po Box 24512 City San Francisco State CA Zip Code 94124-0512		Amount of Each Disbursement this Period 474.12
Purpose of Disbursement UB cking acct exp Jan 01		Category/ Type UB cking acct exp Jan 01
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 0417200111E2758
State: District:		

Full Name (Last, First, Middle Initial) B. Union Bank		Date of Disbursement 03 / 31 / 2001
Mailing Address Po Box 24512 City San Francisco State CA Zip Code 94124-0512		Amount of Each Disbursement this Period 80.42
Purpose of Disbursement UB cking acct exp Mar 01		Category/ Type UB cking acct exp Mar 01
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 0417200111E2759
State: District:		

C.

SUBTOTAL of Disbursements This Page (optional)	▶	534.54
TOTAL This Period (last page this line number only)	▶	534.54

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 21

<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. Bill Thomas Campaign Committee		Date of Disbursement 03 / 19 / 2001	
Mailing Address Po Box 395 City: Bakersfield State: CA Zip Code: 93302-0395		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement House CA 21		Category/ Type House CA 21	
Candidate Name		Transaction ID: 0406200126E2747	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Cooksey For Senate		Date of Disbursement 03 / 19 / 2001	
Mailing Address PO Box 7600 City: Monroe State: LA Zip Code: 71211-7600		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement Senate-LA		Category/ Type Senate-LA	
Candidate Name		Transaction ID: 0406200126E2714	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Dave Camp For Congress 2000		Date of Disbursement 03 / 19 / 2001	
Mailing Address 5915 Eastman Ave Ste 100 City: Midland State: MI Zip Code: 48640-6824		Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement HOUSE-MI-4		Category/ Type HOUSE-MI-4	
Candidate Name		Transaction ID: 0406200126E2712	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	11500.00
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 18 / 21

<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 Congl Cmpgn Committee		Date of Disbursement 03 / 19 / 2001	
Mailing Address 430 S Capitol St Se City Washington State DC Zip Code 20003-4024		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement COMMITTEE DC		Category/ Type COMMITTEE DC	
Candidate Name		Transaction ID: 0406200126E2750	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Democratic Sentrl Cmpgn Comm		Date of Disbursement 03 / 19 / 2001	
Mailing Address 430 S Capitol St Se City Washington State DC Zip Code 20003-4024		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement COMMITTEE DC		Category/ Type COMMITTEE DC	
Candidate Name		Transaction ID: 0406200126E2751	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Doggett For Us Congr Committee		Date of Disbursement 03 / 19 / 2001	
Mailing Address Po Box 5843 City Austin State TX Zip Code 78763-5843		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement House-TX-10		Category/ Type House-TX-10	
Candidate Name		Transaction ID: 0406200126E2715	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
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 17 / 21

<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. Friends For Harry Reid			Date of Disbursement 03 / 19 / 2001	
Mailing Address PO Box 85223 City: Las Vegas State: NV Zip Code: 89185-			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Senate NV Candidate Name			Category/ Type Senate NV	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 0406200126E2745	
State: District:				

Full Name (Last, First, Middle Initial) B. Friends Of Jennifer B Dunn			Date of Disbursement 03 / 19 / 2001	
Mailing Address Po Box 40110 City: Bellevue State: WA Zip Code: 98015-4110			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement House-WA-8 Candidate Name			Category/ Type House-WA-8	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 0406200126E2718	
State: District:				

Full Name (Last, First, Middle Initial) C. Friends Of Lois Capps			Date of Disbursement 03 / 19 / 2001	
Mailing Address Po Box 23940 City: Santa Barbara State: CA Zip Code: 93121-3940			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement H-CA-22 Candidate Name			Category/ Type H-CA-22	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 0406200126E2713	
State: District:				

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 21

<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. Friends Of Mark Foley For Congress		Date of Disbursement 03 / 19 / 2001	
Mailing Address 1316 Lake Victoria Dr City State Zip Code Lake Worth FL 33461-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement House-FL-18		Category/ Type House-FL-18	
Candidate Name		Transaction ID: 0406200126E2718	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Friends Of Senator Rockefeller		Date of Disbursement 03 / 19 / 2001	
Mailing Address 236 Massachusetts Avenue #31 D City State Zip Code Washington DC 20002-		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Senate WV		Category/ Type Senate WV	
Candidate Name		Transaction ID: 0406200126E2746	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Hulshof For Congress		Date of Disbursement 03 / 19 / 2001	
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: 0406200126E2740	
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 21

<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 03 / 19 / 2001	
Mailing Address 4 E St Se City Washington State DC Zip Code 20003-2811			Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Leadership PAC contribution			Leadership PAC contribution	
Candidate Name				
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 0406200126E2717	
State: District:				

Full Name (Last, First, Middle Initial) B. Mccrery For Congress Comm			Date of Disbursement 03 / 19 / 2001	
Mailing Address 1800 Deposit Guarantee Tower 333 Texas St City Shreveport State LA Zip Code 71101-			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement House LA 4			House LA 4	
Candidate Name				
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 0406200126E2742	
State: District:				

Full Name (Last, First, Middle Initial) C. National Republican Congl Comm			Date of Disbursement 03 / 19 / 2001	
Mailing Address 420 1st St Se City Washington State DC Zip Code 20003-1828			Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement COMMITTEE DC			COMMITTEE DC	
Candidate Name				
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		Transaction ID: 0406200126E2752	
State: District:				

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 21

<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. Pallone For Congress		Date of Disbursement 03 / 19 / 2001
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 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: 0406200126E2743
State: District:		

Full Name (Last, First, Middle Initial) B. People For Ganske		Date of Disbursement 03 / 19 / 2001
Mailing Address 521 E Locust St City State Zip Code Des Moines IA 50309-1939		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement House IA 4		Category/ Type House IA 4
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0406200126E2739
State: District:		

Full Name (Last, First, Middle Initial) C. Rangel For Congress		Date of Disbursement 03 / 19 / 2001
Mailing Address Po Box 5577 City State Zip Code Manhattanville Station New York NY 10027-5570		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement House NY 15		Category/ Type House NY 15
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 0406200126E2744
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)

PAGE 21 / 21

<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. Re-elect Nancy Johnson To Congress		Date of Disbursement 03 / 19 / 2001	
Mailing Address Po Box 1886 City State Zip Code New Britain CT 06050-1886		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement House CT 6		Category/ Type House CT 6	
Candidate Name			
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:	Transaction ID: 0406200126E2741		

Full Name (Last, First, Middle Initial) B. Torricelli For Us Senate		Date of Disbursement 03 / 19 / 2001	
Mailing Address 1300 Connecticut Ave NW Ste 600 City State Zip Code Washington DC 20038-		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Senate NJ		Category/ Type Senate NJ	
Candidate Name			
Office Sought: House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: District:	Transaction ID: 0406200126E2748		

C.

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	49000.00