



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		209321.69
(b) Cash on Hand at Beginning of Reporting Period.....	223590.35	
(c) Total Receipts (from Line 19) .....	83889.90	121781.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	307480.25	331103.18
7. Total Disbursements (from Line 31).....	79430.97	103053.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	228049.28	228049.28
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Report Covering the Period: From:  /  /  To:  /  /

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).....	68413.52	98511.26
(ii) Unitemized .....	15476.38	23270.23
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	83889.90	121781.49
(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 33, page 5) .....	83889.90	121781.49
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 37, page 5).....	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.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	83889.90	121781.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	83889.90	121781.49

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	65.97	188.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	65.97	188.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	79000.00	102500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	365.00	365.00
(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)).....	365.00	365.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	79430.97	103053.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	79430.97	103053.90

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	83889.90	121781.49
34. Total Contribution Refunds (from Line 28(d)) .....	365.00	365.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	83524.90	121416.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	65.97	188.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	65.97	188.90

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 61
<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

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. Richard Abbott**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Koret Way K 301

City San Francisco State CA Zip Code 94143-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2015  
**Transaction ID : F97C5AF3-CBA6-400E-8**

Amount of Each Receipt this Period 500.00

**B. Eric Adams**  
Full Name (Last, First, Middle Initial)

Mailing Address 6315 North Center Drive Suite 230

City Norfolk State VA Zip Code 23502-4006

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 16 / 2015  
**Transaction ID : 99055ABB-8FD3-4EC3-9**

Amount of Each Receipt this Period 365.00

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

Mailing Address 3363 S. 17th Ave

City Yuma State AZ Zip Code 85365

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 25E6834A-F86A-45FC-A**

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1865.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Mayssa Aziz-Toppino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1804 Oakley Seaver Dr Ste B  
 City State Zip Code  
 Clermont FL 34711-1925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 26 / 2015  
**Transaction ID : 1E66A024-D81F-4243-A**  
 Amount of Each Receipt this Period  
 500.00

**B. Robert Bahr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 41 Cooke Street  
 City State Zip Code  
 Providence RI 02906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : 570AE4FB-2DA3-42C0-A**  
 Amount of Each Receipt this Period  
 365.00

**C. Rick Bendel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4500 San Pablo Rd  
 City State Zip Code  
 Jacksonville FL 32224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : B21639DC-4335-4A01-8**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. J. Chandler Berg**  
Full Name (Last, First, Middle Initial)

Mailing Address 2709 Meredyth Dr Ste 110

City Albany State GA Zip Code 31707-0201

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 30 / 2015  
Transaction ID : FCAE7F2D-9376-4948-A

Amount of Each Receipt this Period  
500.00

**B. Terry Bergstrom**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 Wall St Rm 649

City Ann Arbor State MI Zip Code 48105-1986

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
03 / 24 / 2015  
Transaction ID : D3CDDA23-92E2-4D68-9

Amount of Each Receipt this Period  
365.00

**C. Gail Bernard**  
Full Name (Last, First, Middle Initial)

Mailing Address 2820 Mount Rushmore Rd

City Rapid City State SD Zip Code 57701-5462

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
03 / 25 / 2015  
Transaction ID : 8FCE0FF2-5CE5-4EBB-9

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1230.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 61
<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

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. Thomas Bersani**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3400 Vickery Rd # A  
 City North Syracuse State NY Zip Code 13212-4540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015  
**Transaction ID : 829BF893-4503-46EF-9**  
 Amount of Each Receipt this Period  
**300.00**

**B. Cagri Besirli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1600 Argyle Cres  
 City Ann Arbor State MI Zip Code 48103-2507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : F98DBDD4-1289-48A1-9**  
 Amount of Each Receipt this Period  
**500.00**

**C. Steven Bodine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 915 Palmer Rd  
 City Bronxville State NY Zip Code 10708-3304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : 883FA9E6-BD76-425F-9**  
 Amount of Each Receipt this Period  
**500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. H. Culver Boldt**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Hawkins Dr

City Iowa City State IA Zip Code 52242-1009

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
03 / 27 / 2015  
Transaction ID : **CB5244A5-0018-435D-9**

Amount of Each Receipt this Period  
365.00

**B. William Bridges Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 Medical Park Dr

City Asheville State NC Zip Code 28803-2493

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.24

Date of Receipt  
03 / 31 / 2015  
Transaction ID : **C19BDAFC-8118-4720-9**

Amount of Each Receipt this Period  
111.08

**C. Donald Budenz**  
Full Name (Last, First, Middle Initial)

Mailing Address 5151 Bioinformatics Bldg, Campus Bo  
CB7040

City Chapel Hill State NC Zip Code 27599-7040

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 25 / 2015  
Transaction ID : **CDE13589-823F-49CD-9**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 976.08

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Jennifer Cecil**  
Full Name (Last, First, Middle Initial)

Mailing Address 2902 Ginnala Dr Ste 1

City Loveland State CO Zip Code 80538-7818

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : 4057E38F-D92E-406C-8**

Amount of Each Receipt this Period  
**365.00**

**B. Donald Cinotti**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 Pavonia Ave Ste 6

City Jersey City State NJ Zip Code 07306-2932

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.01**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2015**

**Transaction ID : 538C0127-AF3F-4F85-9**

Amount of Each Receipt this Period  
**416.67**

**C. S. William William Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 502 Isabella St

City Waycross State GA Zip Code 31501-3638

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 09 / 2015**

**Transaction ID : D5C11FAB-791A-421D-8**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1781.67</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. James Conahan**  
Full Name (Last, First, Middle Initial)

Mailing Address 9330 S University Blvd Ste 220

City	State	Zip Code
Highlands Ranch	CO	80126-5049

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

**Transaction ID : 5F24BF28-4F54-49A8-8**

Amount of Each Receipt this Period  
365.00

**B. Brian Connolly**  
Full Name (Last, First, Middle Initial)

Mailing Address 28 Delancey Ct

City	State	Zip Code
Pittsford	NY	14534-2700

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : 14C76B37-AD85-4D82-8**

Amount of Each Receipt this Period  
365.00

**C. James Croley III**  
Full Name (Last, First, Middle Initial)

Mailing Address 613 Del Prado Blvd

City	State	Zip Code
Cape Coral	FL	33990

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2015

**Transaction ID : D2C3C9D5-365E-4AD4-9**

Amount of Each Receipt this Period  
83.37

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	813.37
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Hajir Dadgostar**  
Full Name (Last, First, Middle Initial)

Mailing Address 16500 Ventura Blvd Ste 250

City	State	Zip Code
Encino	CA	91436-2018

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : 69F3A1DE-7C01-4E6D-A**

Amount of Each Receipt this Period  
500.00

**B. William Deegan**  
Full Name (Last, First, Middle Initial)

Mailing Address 6354 Walker Ln Ste 100

City	State	Zip Code
Alexandria	VA	22310-3242

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2015

**Transaction ID : 19A66FB8-D8E4-45A0-9**

Amount of Each Receipt this Period  
750.00

**C. Anna Luisa Di Lorenzo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1393 Fairfax

City	State	Zip Code
Birmingham	MI	48009

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

**Transaction ID : CC96D7EC-8A44-4DA2-A**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Peter Diedrichsen**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1275

City Columbus State NE Zip Code 68602-1275

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 3D3A6EB2-A3C3-41AC-8**

Amount of Each Receipt this Period  
 500.00

**B. Albert Edwards**  
Full Name (Last, First, Middle Initial)

Mailing Address 1550 Oak St Ste 4

City Eugene State OR Zip Code 97401-7701

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : B530DD46-ED9F-45B7-9**

Amount of Each Receipt this Period  
 2000.00

**C. Robert Malcolm Edwards**  
Full Name (Last, First, Middle Initial)

Mailing Address 1240 Colonial Commons Ct

City Lancaster State SC Zip Code 29720-2200

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : 059A0FE9-A821-4193-9**

Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Randy Ennen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3312 S 70th St  
 City Fort Smith State AR Zip Code 72903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : D00AC8D5-5F65-4361-9**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date ▼  
 1000.00

**B. Stan Feil**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 N Akers St Ste A  
 City Visalia State CA Zip Code 93291-5121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : D2EC6206-9C25-4372-9**  
 Amount of Each Receipt this Period  
 83.33  
 Aggregate Year-to-Date ▼  
 249.99

**C. James Finegan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 Roseberry St  
 City Phillipsburg State NJ Zip Code 08865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2015  
**Transaction ID : 7C4ED45A-1903-4046-B**  
 Amount of Each Receipt this Period  
 83.33  
 Aggregate Year-to-Date ▼  
 499.98

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1166.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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) <b>A. James Finegan</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : 0FC8979D-84F1-47F4-B</b>
Mailing Address 236 Roseberry St		Amount of Each Receipt this Period 83.33
City Phillipsburg	State NJ	Zip Code 08865
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) <b>B. Joanna Fisher</b>		Date of Receipt 03 / 22 / 2015 <b>Transaction ID : 375B65C5-964E-4684-B</b>
Mailing Address 769 Fetters Mill Road		Amount of Each Receipt this Period 500.00
City Huntingdon Valley	State PA	Zip Code 19006-5109
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Christina Flaxel</b>		Date of Receipt 03 / 29 / 2015 <b>Transaction ID : A7D4CD93-7959-4077-B</b>
Mailing Address PO Box 80401		Amount of Each Receipt this Period 1000.00
City Portland	State OR	Zip Code 97280
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1583.33
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Gary Foster**  
Full Name (Last, First, Middle Initial)

Mailing Address 1725 E Prospect Rd

City Fort Collins State CO Zip Code 80525-1307

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 8E0AFF5-66A3-41BA-A**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1401 S Main St

City Ottawa State KS Zip Code 66067-3528

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : 422543AD-4183-4691-8**

Amount of Each Receipt this Period  
 365.00

**C. Luther Fry**  
Full Name (Last, First, Middle Initial)

Mailing Address 310 E Walnut Street

City Garden City State KS Zip Code 67846-5560

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 30 / 2015  
**Transaction ID : F9C7A87D-759F-445C-8**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Sidney Gicheru**  
Full Name (Last, First, Middle Initial)

Mailing Address 4385 San Carlos Drive

City Dallas State TX Zip Code 75205

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.03**

Date of Receipt  
03 / 15 / 2015  
**Transaction ID : F7B2DC8B-312A-4895-9**

Amount of Each Receipt this Period  
**208.37**

**B. Michael Gilbert**  
Full Name (Last, First, Middle Initial)

Mailing Address 12301 NE 10th Pl Ste 200

City Bellevue State WA Zip Code 98005-2487

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.03**

Date of Receipt  
03 / 15 / 2015  
**Transaction ID : 009AFAE3-F9BC-4E62-9**

Amount of Each Receipt this Period  
**83.37**

**C. Dana Graichen**  
Full Name (Last, First, Middle Initial)

Mailing Address 56 Durrells Woods Rd

City Arundel State ME Zip Code 04046-7503

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : 6F13CD20-F726-4CA8-A**

Amount of Each Receipt this Period  
**365.00**

**SUBTOTAL** of Receipts This Page (optional)..... **656.74**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 8222 Douglas Ave Ste 400

City Dallas	State TX	Zip Code 75225-5935
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : 45E477B4-15F4-45D8-A**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3747 Sunset Ln

City Antioch	State CA	Zip Code 94509-6101
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : 2B8C3AF3-C681-4B04-8**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 3424 N Leavitt St

City Chicago	State IL	Zip Code 60618-6014
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

**Transaction ID : 04DAF138-5046-4F93-A**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1365.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Vamsi Gullapalli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2330 Troop Dr Unit 104  
 City Sartell State MN Zip Code 56377-4580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : 865706C7-D057-45F8-8**  
 Amount of Each Receipt this Period  
 100.00  
 Aggregate Year-to-Date  
 300.00

**B. John Haley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1626 Forest Ln S Ste B  
 City Garland State TX Zip Code 75042-7943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 25 / 2015  
**Transaction ID : 382C1C78-2B20-4E59-8**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date  
 500.00

**C. Lawrence Halperin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5882 Windsor Ter  
 City Boca Raton State FL Zip Code 33496-2758  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 03 / 22 / 2015  
**Transaction ID : DB3F433B-477C-455C-A**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	965.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Thomas Harbin**  
Full Name (Last, First, Middle Initial)

Mailing Address 3225 Cmbld Blvd SE Ste 900

City	State	Zip Code
Atlanta	GA	30339-5971

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

**Transaction ID : 8412922D-3991-44FE-B**

Amount of Each Receipt this Period  
365.00

**B. David Harris Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1928 Alcoa Hwy Ste 324

City	State	Zip Code
Knoxville	TN	37920-1505

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2015

**Transaction ID : 890168B5-657B-4ED9-8**

Amount of Each Receipt this Period  
365.00

**C. Thomas Hawk**  
Full Name (Last, First, Middle Initial)

Mailing Address 6131 Luther Ln Ste 216

City	State	Zip Code
Dallas	TX	75225

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

**Transaction ID : D98076E8-1084-481C-9**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1095.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Marnix Heersink**  
Full Name (Last, First, Middle Initial)

Mailing Address 2800 Ross Clark Circle SW Ste 1

City Dothan	State AL	Zip Code 36301
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : BEF26BE5-B409-4E50-A**

Amount of Each Receipt this Period  
1000.00

**B. Sebastian Heersink**  
Full Name (Last, First, Middle Initial)

Mailing Address 2800 Ross Clark Cir

City Dothan	State AL	Zip Code 36301-2040
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

**Transaction ID : 0B50504D-8EDB-46BC-8**

Amount of Each Receipt this Period  
1000.00

**C. Kurt Heitman**  
Full Name (Last, First, Middle Initial)

Mailing Address 113 Doctors Dr

City Greenville	State SC	Zip Code 29605
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

**Transaction ID : 54D4BFD0-5C0A-4E24-A**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Gary Hirshfield**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Hillside Ave

City Port Washington State NY Zip Code 11050-2723

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1124.97

Date of Receipt  
03 / 20 / 2015  
Transaction ID : 22B67B1E-EE5F-45F2-9

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 110 Med Tech Pkwy

City Johnson City State TN Zip Code 37604-4004

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 19 / 2015  
Transaction ID : FF4D128B-91D1-49F1-9

Amount of Each Receipt this Period  
500.00

**C. Leslie Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 8477 Indian Paintbrush Way

City Lorton State VA Zip Code 22079-5610

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.65

Date of Receipt  
03 / 15 / 2015  
Transaction ID : 6783CCC3-538E-4E36-8

Amount of Each Receipt this Period  
41.63

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1541.63
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Leslie Jones**

Mailing Address 8477 Indian Paintbrush Way

City	State	Zip Code
Lorton	VA	22079-5610

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : 442FDE9E-8A4D-4C6B-8**

Amount of Each Receipt this Period  
41.67

Full Name (Last, First, Middle Initial)  
**B. Brian Joondeph**

Mailing Address 8101 E Lowry Blvd Ste 210

City	State	Zip Code
Denver	CO	80230-7195

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : FFE2D34E-2F98-472B-B**

Amount of Each Receipt this Period  
365.00

Full Name (Last, First, Middle Initial)  
**C. Emilio Justo**

Mailing Address 19052 R. H. Johnson Blvd

City	State	Zip Code
Sun City West	AZ	85375-4401

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2015

**Transaction ID : EF124B6E-B602-411C-B**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	771.67
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 2020 Fleischmann Rd

City Tallahassee State FL Zip Code 32308-4599

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.01

Date of Receipt  
03 / 22 / 2015  
**Transaction ID : A2541E23-0BBC-47F6-8**

Amount of Each Receipt this Period  
1000.00

**B. Denise Kayser**  
Full Name (Last, First, Middle Initial)

Mailing Address 3536 Mendocino Ave Ste 380

City Santa Rosa State CA Zip Code 95403-3612

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 05 / 2015  
**Transaction ID : E334FBF1-0974-48C3-A**

Amount of Each Receipt this Period  
250.00

**C. Peter Kelly**  
Full Name (Last, First, Middle Initial)

Mailing Address 1504 N Main St

City Palmer State MA Zip Code 01069-1215

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : B0B96FCA-C3B2-45D9-8**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Shane Kim**  
Full Name (Last, First, Middle Initial)

Mailing Address 6411 SW SWEETBRIAR CT

City Portland State OR Zip Code 97221-1361

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 4EAF3D9A-584D-4E58-B**

Amount of Each Receipt this Period 365.00

**B. Michael Korey**  
Full Name (Last, First, Middle Initial)

Mailing Address 3982 North Milwaukee Ave

City Chicago State IL Zip Code 60641

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 26 / 2015  
**Transaction ID : 5303777B-2C73-4E25-A**

Amount of Each Receipt this Period 365.00

**C. Rishi Kumar**  
Full Name (Last, First, Middle Initial)

Mailing Address 1809 Round Ridge Rd

City Louisville State KY Zip Code 40207

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : F896DB7B-A271-4D01-B**

Amount of Each Receipt this Period 5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5730.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Kristine Kunesh-Part**

Mailing Address 2601 Far Hills Ave

City State Zip Code  
Dayton OH 45419-1634

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 30 / 2015  
**Transaction ID : FFD7FEE5-CF6F-4BFC-9**

Amount of Each Receipt this Period  
365.00

Full Name (Last, First, Middle Initial)  
**B. Wayne Larrison**

Mailing Address 46 Prince St Ste 203

City State Zip Code  
New Haven CT 06519-1600

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
03 / 30 / 2015  
**Transaction ID : ACF26A46-7ED6-4769-8**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 9 Mulberry Ln

City State Zip Code  
White Plains NY 10605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
03 / 25 / 2015  
**Transaction ID : B0200E98-DD68-459A-9**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1230.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Monte Leidenix**  
Full Name (Last, First, Middle Initial)

Mailing Address 2520 Smokey Ln

City Bismarck State ND Zip Code 58504

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
03 / 24 / 2015  
**Transaction ID : 5E77C6DD-BB4D-47DA-8**

Amount of Each Receipt this Period  
365.00

**B. Cecily Lesko**  
Full Name (Last, First, Middle Initial)

Mailing Address 1005 Clifton Ave Ste 1

City Clifton State NJ Zip Code 07013-3561

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
03 / 21 / 2015  
**Transaction ID : 0F90B009-25CF-4408-A**

Amount of Each Receipt this Period  
1000.00

**C. Andrew Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 102 Dawn Pl

City Yorktown State VA Zip Code 23693-3628

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
03 / 15 / 2015  
**Transaction ID : E5417FEE-DEBD-4404-8**

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1730.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Richard Lindstrom**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9801 DuPont Ave S Ste 200  
 City Bloomington State MN Zip Code 55431-3200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : EAC1AB8F-F8F1-460F-B**  
 Amount of Each Receipt this Period  
 1000.00

**B. Douglas Litchfield**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 S 5th St  
 City Bismarck State ND Zip Code 58504-5675  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : 529B286C-A356-4DFF-9**  
 Amount of Each Receipt this Period  
 365.00

**C. Samuel Lo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1441 Kapiolani Blvd Ste 418  
 City Honolulu State HI Zip Code 96814-4400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 778B1D46-957F-47AE-A**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1730.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Masud Malik**  
Full Name (Last, First, Middle Initial)

Mailing Address 3865 N Mulford Rd

City Rockford State IL Zip Code 61114-5603

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.34**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : 3C05E604-D60C-4030-A**

Amount of Each Receipt this Period  
**41.67**

**B. Masud Malik**  
Full Name (Last, First, Middle Initial)

Mailing Address 3865 N Mulford Rd

City Rockford State IL Zip Code 61114-5603

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.34**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 31 / 2015**

**Transaction ID : 2CF692BE-274D-4E94-8**

Amount of Each Receipt this Period  
**83.33**

**C. Nick Mamalis**  
Full Name (Last, First, Middle Initial)

Mailing Address 2246 Willow Hills Dr

City Sandy State UT Zip Code 84093

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 04 / 2015**

**Transaction ID : 683E7658-2CDD-4631-A**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. William Maxwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1360 E Herndon Ave Ste 401  
 City Fresno State CA Zip Code 93720-3326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : C1711AE9-9C83-49B4-A**  
 Amount of Each Receipt this Period  
 365.00

**B. Silvia McKeivitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 931 Yakima Ave S  
 City Seattle State WA Zip Code 98144-3146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : 8A070407-5271-4283-B**  
 Amount of Each Receipt this Period  
 365.00

**C. Calvin Mein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Sanctuary Dr  
 City San Antonio State TX Zip Code 78248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : 11621BD2-6FEF-4ECC-B**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Peter Menger**  
Full Name (Last, First, Middle Initial)

Mailing Address 7809 Myrtle Ave

City Glendale State NY Zip Code 11385-7439

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 25 / 2015  
Transaction ID : **BF44014B-EEE4-42FD-B**

Amount of Each Receipt this Period  
500.00

**B. Sarah Merrill**  
Full Name (Last, First, Middle Initial)

Mailing Address 804 Monroe Street

City Herndon State VA Zip Code 20170

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
03 / 19 / 2015  
Transaction ID : **1DC0B846-91A1-45D4-B**

Amount of Each Receipt this Period  
250.00

**C. Michael Edward Edward Migliori**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 Dudley St Ste 301

City Providence State RI Zip Code 02905-2429

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
03 / 31 / 2015  
Transaction ID : **904DDEFD-197C-49EE-B**

Amount of Each Receipt this Period  
83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.33
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 3714 E. Columbia St.

City Seattle	State WA	Zip Code 98122
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

**Transaction ID : CE6C52CD-8E1D-4B5D-9**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 200 W 103rd St Ste 1030

City Indianapolis	State IN	Zip Code 46290-1017
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2015

**Transaction ID : 0566AD19-DB68-410B-A**

Amount of Each Receipt this Period  
1000.00

**C. C. Blake Blake Myers**  
Full Name (Last, First, Middle Initial)

Mailing Address 601 Halton Rd

City Greenville	State SC	Zip Code 29607-3403
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2015

**Transaction ID : ABB61A79-44C3-4C85-B**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1615.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Juan Carlos Nieto**  
Full Name (Last, First, Middle Initial)

Mailing Address 2140 John F Kennedy Rd

City Dubuque State IA Zip Code 52002

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015

**Transaction ID : 7BD96C9D-11BF-4F78-8**

Amount of Each Receipt this Period  
 500.00

**B. Sara O'Connell**  
Full Name (Last, First, Middle Initial)

Mailing Address 7504 Antioch Rd

City Overland Park State KS Zip Code 66204-2622

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : 27F4332D-CDF9-40C8-9**

Amount of Each Receipt this Period  
 1000.00

**C. Daniel Petashnick**  
Full Name (Last, First, Middle Initial)

Mailing Address 496 foote rd

City south glastonbury State CT Zip Code 06073

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : D5A4756F-60B0-41CB-8**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 61
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Michael Peterson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 W Kent Ave  
 City Missoula State MT Zip Code 59801-6772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : 71B4B06A-E74C-4DFE-B**  
 Amount of Each Receipt this Period  
 365.00

**B. John Pollack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Barney Dr Ste D  
 City Joliet State IL Zip Code 60435-5279  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 17 / 2015  
**Transaction ID : 0DBB60BF-A999-4404-B**  
 Amount of Each Receipt this Period  
 365.00

**C. Norman Radtke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Audubon Plaza Dr Ste 240  
 City Louisville State KY Zip Code 40217-1319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : 90676358-FF25-49E8-A**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial)  
**A. Stephen Reck**

Mailing Address 345 College St SE, Ste C

City Lacey State WA Zip Code 98503-1014

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 30 / 2015**

**Transaction ID : BC5A4666-BE7E-4A97-9**

Amount of Each Receipt this Period  
**365.00**

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

Mailing Address 501 E Macarthur St

City Shawnee State OK Zip Code 74804-2201

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : CAE86064-C102-4260-9**

Amount of Each Receipt this Period  
**400.00**

Full Name (Last, First, Middle Initial)  
**C. Catherine Rommel**

Mailing Address 2115 Noll Dr

City Lancaster State PA Zip Code 17603-7600

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 20 / 2015**

**Transaction ID : FB6D9CA2-E73C-436D-8**

Amount of Each Receipt this Period  
**365.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1130.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Enrica Rossi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1718 N Hudson Ave  
City Chicago State IL Zip Code 60614-5611  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **365.00**

Date of Receipt **03 / 16 / 2015**  
**Transaction ID : F815F96C-D275-425B-A**  
Amount of Each Receipt this Period **365.00**

**B. Steven Safran**  
Full Name (Last, First, Middle Initial)  
Mailing Address 132 Franklin Corner Rd A-1  
City Lawrenceville State NJ Zip Code 08648  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **365.00**

Date of Receipt **03 / 25 / 2015**  
**Transaction ID : A0B3899D-BA64-4ED8-A**  
Amount of Each Receipt this Period **365.00**

**C. Stephen Schall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9100 Wilshire Blvd Ste 852  
City Beverly Hills State CA Zip Code 90212-3464  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Ophthalmologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **365.00**

Date of Receipt **03 / 27 / 2015**  
**Transaction ID : AA1819D5-9B4C-43B4-9**  
Amount of Each Receipt this Period **365.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1095.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Halsey Settle**  
Full Name (Last, First, Middle Initial)

Mailing Address 4207 James Casey St Ste 305

City Austin	State TX	Zip Code 78745-1193
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2015

**Transaction ID : 3E149202-D5DF-4F2B-9**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 41935 W 12 Mile Rd Ste 103

City Novi	State MI	Zip Code 48377-3135
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2015

**Transaction ID : 815CE3A4-E852-420A-A**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 2500 Grubb Rd Ste 234

City Wilmington	State DE	Zip Code 19810-4796
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2015

**Transaction ID : BD5E8B1B-9F4E-4CFF-9**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	980.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. R. Michael Siatkowski**  
Full Name (Last, First, Middle Initial)

Mailing Address 608 Stanton L Young Blvd

City Oklahoma City State OK Zip Code 73104-5065

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : 15407A79-A5AB-47FB-8**

Amount of Each Receipt this Period 365.00

**B. Lawrence Singerman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3401 Enterprise Pkwy Suite 300

City Cleveland State OH Zip Code 44122-7340

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2015  
**Transaction ID : B686AAAA-29A6-412D-9**

Amount of Each Receipt this Period 500.00

**c. Harinderjit Singh**  
Full Name (Last, First, Middle Initial)

Mailing Address 3685 Wheeler Rd Ste 201

City Augusta State GA Zip Code 30909-6440

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : B9E9659D-695E-4E8B-8**

Amount of Each Receipt this Period 500.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Coral Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 Ardath Dr

City Cambria State CA Zip Code 93428-5525

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **398.00**

Date of Receipt  
**03 / 04 / 2015**

**Transaction ID : ADFBDCDD-D32D-42FA-8**

Amount of Each Receipt this Period  
**199.00**

**B. Gerald Spindel**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Tsienneto Rd Ste 101

City Derry State NH Zip Code 03038-1584

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**03 / 25 / 2015**

**Transaction ID : 91F15AFA-FD56-4EE4-9**

Amount of Each Receipt this Period  
**500.00**

**C. John Stabile**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Dean Dr

City Tenafly State NJ Zip Code 07670-2764

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
**03 / 27 / 2015**

**Transaction ID : 27E640EB-3D60-4CC5-B**

Amount of Each Receipt this Period  
**1200.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1899.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Paul Sternberg Jr.</b>		Date of Receipt
Mailing Address 2311 Pierce Ave		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Nashville	TN	37232-0025
FEC ID number of contributing federal political committee.		Transaction ID : <b>12B65354-28B5-4D39-A</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Cameron Stone</b>		Date of Receipt
Mailing Address 21 Medical Park Dr		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Asheville	NC	28803-2493
FEC ID number of contributing federal political committee.		Transaction ID : <b>A4DC5084-1544-4636-B</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="208.37"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="625.03"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Gerald Striph</b>		Date of Receipt
Mailing Address 6846 Cloister Rd		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Toledo	OH	43617
FEC ID number of contributing federal political committee.		Transaction ID : <b>BE2F5F6A-52DD-4446-9</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2208.37"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. John Stump**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Kona Cir

City Milford State DE Zip Code 19963-5396

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : 2A02E386-3A6D-4799-A**

Amount of Each Receipt this Period  
 365.00

**B. James Su**  
Full Name (Last, First, Middle Initial)

Mailing Address 708 S 1st St

City McAllen State TX Zip Code 78501-1123

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : 20BE1911-C0FE-4E03-B**

Amount of Each Receipt this Period  
 365.00

**C. Stephanie Sugin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 W Main St Ste 100

City Waterbury State CT Zip Code 06708

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : 3707D3A5-29B4-497D-B**

Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1095.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Kevin Sullivan</b>		Date of Receipt
Mailing Address 7447 W Talcott Ave Ste 300		<input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City	State	Zip Code
Chicago	IL	60631
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 595032A1-4B2F-450E-A</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="365.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Charles Sung</b>		Date of Receipt
Mailing Address 317 N Delaware St		<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Kennewick	WA	99336-7750
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : BDE11E05-5C68-446F-8</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Steven Swedberg</b>		Date of Receipt
Mailing Address 21827 76th Ave W Ste 102		<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2015"/>
City	State	Zip Code
Edmonds	WA	98026-7981
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 6B31E4CC-6821-4828-8</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self	Ophthalmologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1365.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Mark Szal**  
Full Name (Last, First, Middle Initial)

Mailing Address 248 Pleasant St Ste 1600

City Concord State NH Zip Code 03301-7513

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : 9BB8778D-137F-44AD-A**

Amount of Each Receipt this Period  
365.00

**B. Gary Tanner**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Jacobs Ln

City Newport News State VA Zip Code 23606-2815

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : EB358A78-D65D-4677-9**

Amount of Each Receipt this Period  
41.67

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

Mailing Address 655 Medical Center Dr NE

City Salem State OR Zip Code 97301-2751

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : D62D80A2-51C3-47A0-9**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 906.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Sebastian Troia**  
Full Name (Last, First, Middle Initial)

Mailing Address 515 N 98th St

City Omaha State NE Zip Code 68114-2344

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 03 / 17 / 2015  
**Transaction ID : 1DD4B01F-8955-41C6-9**

Amount of Each Receipt this Period 365.00

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

Mailing Address 2664 Hartford Hwy

City Dothan State AL Zip Code 36305-4904

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : 4426D9F1-9097-47AD-9**

Amount of Each Receipt this Period 1000.00

**C. Stephen Waltman**  
Full Name (Last, First, Middle Initial)

Mailing Address 35 Frontenac Estates Dr

City St Louis State MO Zip Code 63131-2615

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2015  
**Transaction ID : 06BAF967-F474-4A4B-B**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1865.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Wayne Whitmore**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 E 68th St

City New York State NY Zip Code 10065

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 20 / 2015  
**Transaction ID : 04FBFD39-B069-42CC-B**

Amount of Each Receipt this Period  
500.00

**B. Kevin Wienkers**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 13097

City Green Bay State WI Zip Code 54307-3097

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
03 / 27 / 2015  
**Transaction ID : 914677B8-EEBC-4146-B**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 8 Medical Park Dr

City Asheville State NC Zip Code 28803-2493

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 16 / 2015  
**Transaction ID : BE81C97C-6DA8-40DF-9**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Christopher Wood**  
Full Name (Last, First, Middle Initial)

Mailing Address 1588 N Arlington Heights Rd

City State Zip Code  
Arlington Heights IL 60004-3906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 17 / 2015  
**Transaction ID : A771188B-EAD8-4079-A**

Amount of Each Receipt this Period  
1000.00

**B. George Wyhinny**  
Full Name (Last, First, Middle Initial)

Mailing Address 8901 Golf Rd Ste 206

City State Zip Code  
Des Plaines IL 60016-6850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015  
**Transaction ID : 7037E69E-9E2E-433B-9**

Amount of Each Receipt this Period  
365.00

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

Mailing Address 19 Robin Lake Dr

City State Zip Code  
Cherry Hill NJ 08003-2829

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
03 / 18 / 2015  
**Transaction ID : EF026408-1F52-4C23-8**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1730.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Alyson Yashar</b>			Date of Receipt
Mailing Address 21 Arrowhead Ln			<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code	<b>03 / 26 / 2015</b>
Saddle River	NJ	07458-2503	<b>Transaction ID : 874A858A-F0B4-418E-A</b>
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>			Amount of Each Receipt this Period
			<input type="text"/> 365.00
Name of Employer	Occupation		
Self	Ophthalmologist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 365.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Niloofar Ziai</b>			Date of Receipt
Mailing Address 19441 Golf Vista Plz Ste 320			<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code	<b>03 / 19 / 2015</b>
Leesburg	VA	20176-8272	<b>Transaction ID : 42506B54-CD54-4264-A</b>
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>			Amount of Each Receipt this Period
			<input type="text"/> 250.00
Name of Employer	Occupation		
Self	Ophthalmologist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 250.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Receipt
Mailing Address			<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
City	State	Zip Code	
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>			Amount of Each Receipt this Period
			<input type="text"/>
Name of Employer	Occupation		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> 615.00
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/> 68413.52



**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)

<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	<input type="checkbox"/> 30b

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. Ami Bera for Congress**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Ameriash B. Bera**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : B7B2DBCC38EF45CB734**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Andy Harris for Congress**

Mailing Address PO Box 426

City Stevensville State MD Zip Code 21666

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Andrew P. Harris**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 39DC32806151EA90591**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Daniel J. Benishek**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 9B5B45640F7402A9484**

Amount of Each Disbursement this Period

1000.00

**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)

<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	<input type="checkbox"/> 30b

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. Billy Long for Congress**

Mailing Address 3246 E. Ridgeview Street

City Springfield State MO Zip Code 65804

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**William H. Long II**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : 33178EABBE2F4D6CEB8**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Brady for Congress**

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Kevin Patrick Brady**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 106E97F898A533D95E9**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Bucshon for Congress**

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Larry Dean Bucshon**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : 2AE9F54116FA9106B3F**

Amount of Each Disbursement this Period

1000.00

**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)

<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	<input type="checkbox"/> 30b

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. Cathy McMorris Rodgers for Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Cathy McMorris Rodgers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : DFE8C5E45649B67F977

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Connolly for Congress**

Mailing Address PO Box 563

City Merrifield State VA Zip Code 22116

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Gerald E. Connolly**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

Transaction ID : 004EC184C419DA9934C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Committee**

Mailing Address 430 South Capitol Street, SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Democratic Congressional Campaign Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

Transaction ID : 0E3B49D7E6114C659C1

Amount of Each Disbursement this Period

15000.00

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

17000.00

**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)

<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	<input type="checkbox"/> 30b

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. Diane Black for Congress**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066-1437

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Diane Lynn Black**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : F1E7B160BF8E2EAC310**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Raul Ruiz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : DC81355ECF5CBC319AB**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Joseph John Heck Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : 393800628E32D16A445**

Amount of Each Disbursement this Period

1000.00

**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)

<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	<input type="checkbox"/> 30b

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 Joe Pitts**

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Joseph Russell Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

**Transaction ID : 726C4161EBFF3B4CD80**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends of Kelly Ayotte Inc**

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Kelly Ann Ayotte**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 65802F6CF67B2084A31**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends of Schumer**

Mailing Address 192 Lexington Avenue Suite 1001

City New York State NY Zip Code 10016

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Charles E. Schumer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	5

**Transaction ID : 0A43AA2581777FFB192**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
1	5	0	0	0	0	0	0	0	0

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

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

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)

<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	<input type="checkbox"/> 30b

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. Julia Brownley for Congress**

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement  
2016 Primary

Candidate Name

**Julia Brownley**

Office Sought:  House  Senate  President  
State: CA District: 26

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : 58463657E6C390AE982**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kirk for Senate**

Mailing Address PO Box 2594

City Chicago State IL Zip Code 60690

Purpose of Disbursement  
2016 Primary

Candidate Name

**Mark Steven Kirk**

Office Sought:  House  Senate  President  
State: IL District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : EE761767606C499FFD1**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
2016 Primary

Candidate Name

**Kurt Schrader**

Office Sought:  House  Senate  President  
State: OR District: 05

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : 94939A344DACF909023**

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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)

<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	<input type="checkbox"/> 30b

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. Latta for Congress**

Mailing Address PO Box 106

City Bowling Green State OH Zip Code 43402-0106

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Robert E. Latta**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 05

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : C55EC739661803E0660**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Lynn Jenkins for Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601-1441

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Lynn Michelle Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : CC72AD643E07A7658C9**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024-3750

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Marsha Wedgeworth Blackburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : C3B9EA2DF270A0A3F5E**

Amount of Each Disbursement this Period

1500.00

**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) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<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	<input type="checkbox"/> 30b

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. Matsui for Congress**

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Doris O. Matsui**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : 10A3A736211824F602A**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Michael Burgess for Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Michael Clifton Burgess**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : DB10EC0AE29364DFA7A**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Morgan Griffith for Congress**

Mailing Address PO Box 361

City Christiansburg State VA Zip Code 24068

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**H. Morgan Griffith**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 09

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : 8F6C72E437580A3CE73**

Amount of Each Disbursement this Period

5000.00

**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)

<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	<input type="checkbox"/> 30b

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. New Democrat Coalition PAC**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**New Democrat Coalition PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : 58EEBD453C04D7A258C**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. NRCC**

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**NRCC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 04 / 2015

**Transaction ID : 631A950F26992444137**

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

**C. Pallone for Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Frank Pallone Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : BF242664BCFCD77BF76**

Amount of Each Disbursement this Period

1000.00

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

21000.00

**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)

<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	<input type="checkbox"/> 30b

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. Renee Ellmers for Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Renee L. Ellmers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

Transaction ID : 140FD0F59D8DA86A92C

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Ryan Costello for Congress**

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Ryan A. Costello**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

Transaction ID : EB24C786E5921A08A84

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Ryan for Congress, Inc.**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Paul Davis Ryan Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

Transaction ID : 8408D63E9E9514593CE

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)

<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	<input type="checkbox"/> 30b

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. The Richard Burr Committee**

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Richard M. Burr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : A2BD005658E2FCD3C1B**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Tim Murphy for Congress**

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Timothy Francis Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : 6D30711805607B072C7**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Upton for All of Us**

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Fredrick Stephen Upton**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : 90C1C14E24F42797485**

Amount of Each Disbursement this Period

1000.00

**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)

<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	<input type="checkbox"/> 30b

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. Voice for Freedom**

Mailing Address 2700 Cumberland Parkway, Suite 150

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Voice for Freedom**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

**Transaction ID : DC001852E8A4B74DCA9**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Walden for Congress**

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Gregory Paul Walden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
03 / 18 / 2015

**Transaction ID : 97C01887D58F1D21F33**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

2500.00

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

79000.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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. Ranjan Malhotra**

Mailing Address 12990 Manchester Rd Ste 200  
Ste 200

City State Zip Code  
Saint Louis MO 63131-1860

Purpose of Disbursement  
Refund of duplicate contribution received

010
Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		04		2015

**Transaction ID : E304ABC16AEA9A1973A**

Amount of Each Disbursement this Period

365.00
--------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

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

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

365.00
--------

365.00
--------