FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼ 655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco | CA | 94109 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00196246

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☒ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 10 / 01 / 2015 through 10 / 31 / 2015

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

Type or Print Name of Treasurer Carl Taibl

Signature of Treasurer *Carl Taibl* ***[Electronically Filed]*** Date 11 / 19 / 2015

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

Office Use Only							

FEC FORM 3X
Rev. 12/2004

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: 10 / 01 / 2015 To: 10 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		209321.69
(b) Cash on Hand at Beginning of Reporting Period	233025.95	
(c) Total Receipts (from Line 19)	18545.71	383630.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	251571.66	592952.68
7. Total Disbursements (from Line 31)	25591.05	366972.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	225980.61	225980.61
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M 10 / D D 01 / Y Y Y Y 2015 To: M M 10 / D D 31 / Y Y Y Y 2015

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)	15377.20	318693.37
(ii) Unitemized	3168.51	64937.62
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	18545.71	383630.99
(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) ▶	18545.71	383630.99
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)) ▶	18545.71	383630.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	18545.71	383630.99

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	91.05	744.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	91.05	744.57
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	25500.00	365700.00
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	0.00	527.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	527.50
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))	25591.05	366972.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	25591.05	366972.07

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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)	18545.71	383630.99
34. Total Contribution Refunds (from Line 28(d))	0.00	527.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18545.71	383103.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	91.05	744.57
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	91.05	744.57

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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. Full Name (Last, First, Middle Initial): Joe Arterberry
Mailing Address: 224 E Broadway, Suite 110
City: Louisville State: KY Zip Code: 40202-2016
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: 416.66
Date of Receipt: 10 / 15 / 2015
Transaction ID : 589D8EDB-3DEC-4EEC-9
Amount of Each Receipt this Period: 41.63

B. Full Name (Last, First, Middle Initial): Ray Balyeat
Mailing Address: 2000 S Wheeling Ave Ste 400
City: Tulsa State: OK Zip Code: 74104-5641
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: 800.00
Date of Receipt: 10 / 31 / 2015
Transaction ID : CFF86460-34C3-405A-B
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): Ivan Batlle
Mailing Address: 14105 Meadow Lane
City: Leawood State: KS Zip Code: 66224
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: 208.31
Date of Receipt: 10 / 15 / 2015
Transaction ID : 818ACEE9-064E-48F0-B
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 183.30

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Robert Behar
Mailing Address: 2610 E Allegheny Ave
City: Philadelphia State: PA Zip Code: 19134-5104
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: 10 / 27 / 2015
Transaction ID : 811E5F7D-ACD9-4120-B
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial): Donald Benefield
Mailing Address: 14225 Dedeaux Rd
City: Gulfport State: MS Zip Code: 39503-3369
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: 10 / 15 / 2015
Transaction ID : E5C4D631-1C55-498E-A
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): Robert Bergren
Mailing Address: 117 Crofton Dr
City: Pittsburgh State: PA Zip Code: 15238
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: 10 / 06 / 2015
Transaction ID : BEBDE2EF-CCE7-44A9-B
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 706.67

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

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

A. Full Name (Last, First, Middle Initial): David Bogorad
Mailing Address: 2509 Walton Way
City: Augusta State: GA Zip Code: 30904-4561
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 ▼ 439.16
Date of Receipt: 10 / 31 / 2015
Transaction ID : BA7134B6-E033-43D1-A
Amount of Each Receipt this Period: 30.42

B. Full Name (Last, First, Middle Initial): John Burchfield
Mailing Address: 9087 Stonybrook Blvd.
City: Sylvania State: OH Zip Code: 43560
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 ▼ 304.20
Date of Receipt: 10 / 30 / 2015
Transaction ID : 57FBDEF3-441F-41BC-9
Amount of Each Receipt this Period: 30.42

C. Full Name (Last, First, Middle Initial): Kristen Burwick
Mailing Address: 212 W Circle Dr
City: North Platte State: NE Zip Code: 69101
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: 10 / 03 / 2015
Transaction ID : 3223E770-0405-4696-8
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1060.84

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Nancy Christmas
Mailing Address: 8101 E Lowry Blvd Ste 210
City: Denver State: CO Zip Code: 80230-7195
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: 10 / 05 / 2015
Transaction ID : 3BA7FC5F-D2CB-42E3-B
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Donald Cinotti
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: 4166.70
Date of Receipt: 10 / 15 / 2015
Transaction ID : 2ABDE9C8-8C1E-4074-9
Amount of Each Receipt this Period: 416.67

C. Full Name (Last, First, Middle Initial): Atys Cope
Mailing Address: PO Box 239
City: Statesboro State: GA Zip Code: 30459-0239
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: 291.69
Date of Receipt: 10 / 15 / 2015
Transaction ID : 02A763F3-4785-42F0-A
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 958.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): James Croley III
Mailing Address: 613 Del Prado Blvd
City: Cape Coral State: FL Zip Code: 33990
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: 541.72
Date of Receipt: 10 / 15 / 2015
Transaction ID : 7D84BDF6-3DF6-4032-A
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): Kathleen Cronin
Mailing Address: PO Box 356
City: Monument Beach State: MA Zip Code: 02553-0356
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: 615.00
Date of Receipt: 10 / 27 / 2015
Transaction ID : BC43842D-91FB-4C7E-B
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Kimberly Crowder
Mailing Address: 4156 Dogwood Drive
City: Jackson State: MS Zip Code: 39211
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: 333.36
Date of Receipt: 10 / 15 / 2015
Transaction ID : 833105CD-392F-4F9D-A
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 333.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Craig Czyz
Mailing Address: 1100 Oregon Ave
City: Columbus State: OH Zip Code: 43201-3371
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: 10 / 17 / 2015
Transaction ID : 3ED30268-1DEF-4E33-9
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Jonathan Davidorf
Mailing Address: 7320 Woodlake Ave Ste 190
City: West Hills State: CA Zip Code: 91307-1492
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: 201.00
Date of Receipt: 10 / 05 / 2015
Transaction ID : 137A8AC8-81C4-41C1-B
Amount of Each Receipt this Period: 201.00

C. Full Name (Last, First, Middle Initial): William Ehlers
Mailing Address: 125 Secret Lake Rd
City: Avon State: CT Zip Code: 06001-3465
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: 333.32
Date of Receipt: 10 / 30 / 2015
Transaction ID : 34C574C9-5A59-4DEF-A
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 742.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Samer Farah
Mailing Address: 3250 Westchester Ave Ste 203A
City: Bronx State: NY Zip Code: 10461-4580
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: 10 / 22 / 2015
Transaction ID : 31BEAE1F-86FB-49FD-B
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): James Finegan
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)
Aggregate Year-to-Date: 1249.99
Date of Receipt: 10 / 31 / 2015
Transaction ID : 7FF2B758-1537-454A-B
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial): Blake Geren
Mailing Address: 3120 S. 57th 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)
Aggregate Year-to-Date: 291.69
Date of Receipt: 10 / 15 / 2015
Transaction ID : 7F4DDC7F-0BB6-4DCD-B
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Sidney Gicheru
Mailing Address: 440 W Lbj Fwy Ste 300
City: Irving | State: TX | Zip Code: 75063-3841
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: 2083.34
Date of Receipt: 10 / 15 / 2015
Transaction ID : 48B7D51F-8675-49EC-B
Amount of Each Receipt this Period: 208.33

B. Full Name (Last, First, Middle Initial): Michael Gilbert
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: 833.34
Date of Receipt: 10 / 15 / 2015
Transaction ID : 9F1B09B0-2723-476D-B
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial): Bruce Jeffrey Jeffrey Goldstick
Mailing Address: 4709-11 West Golf Rd #107
City: Skokie | State: IL | Zip Code: 60076
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: 10 / 19 / 2015
Transaction ID : 5E382B3C-36F9-4436-A
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 541.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Kenneth Grossman
Mailing Address: 580 Collins Dr
City: Merced State: CA Zip Code: 95348-2404
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: 2500.00
Date of Receipt: 10 / 13 / 2015
Transaction ID : EEB06A55-AC12-48A0-A
Amount of Each Receipt this Period: 2500.00

B. Full Name (Last, First, Middle Initial): Jean Hausheer
Mailing Address: 29 NW Burr Oak Dr
City: Lawton State: OK Zip Code: 73507-8923
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: 1416.66
Date of Receipt: 10 / 07 / 2015
Transaction ID : 0DC22168-C9BC-4B17-A
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Jean Hausheer
Mailing Address: 29 NW Burr Oak Dr
City: Lawton State: OK Zip Code: 73507-8923
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: 1416.66
Date of Receipt: 10 / 15 / 2015
Transaction ID : 861C779F-EF68-4354-B
Amount of Each Receipt this Period: 41.63

SUBTOTAL of Receipts This Page (optional) ▶ 3041.63

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Stephen Higgins
Mailing Address: 3412 W Centre Ave
City: Portage State: MI Zip Code: 49024-4624
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: 416.70
Date of Receipt: 10 / 15 / 2015
Transaction ID : F4AD358A-97A5-4911-8
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): Mujahid Hines
Mailing Address: 4216 Vista Terrace Dr.
City: Frisco State: TX Zip Code: 75034
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: 243.36
Date of Receipt: 10 / 15 / 2015
Transaction ID : 9FDE9287-BD87-4BC9-A
Amount of Each Receipt this Period: 30.42

C. Full Name (Last, First, Middle Initial): Jeffery Hottman
Mailing Address: 18411 Shadow Ridge Dr
City: Omaha State: NE Zip Code: 68130-2715
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: 10 / 01 / 2015
Transaction ID : 7221454E-A51C-4CF4-8
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 437.09

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Jerry Hunsaker
Mailing Address: 350 dolphin pl
City: Corpus Christi | State: TX | Zip Code: 78411-2752
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: 10 / 23 / 2015
Transaction ID : 3C7537D6-CA09-48BC-8
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Kenneth Kato
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: 1416.70
Date of Receipt: 10 / 15 / 2015
Transaction ID : C96583B7-78AA-448A-9
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): Laura King
Mailing Address: 225 N Columbus Dr Apt 6705
City: Chicago | State: IL | Zip Code: 60601-7910
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: 212.94
Date of Receipt: 10 / 30 / 2015
Transaction ID : D951394C-79CC-49FC-B
Amount of Each Receipt this Period: 30.42

SUBTOTAL of Receipts This Page (optional) ▶ 572.09

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): James Kinyoun
Mailing Address: 17445 14th Ave NW
City: Shoreline State: WA Zip Code: 98177-3869
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: 10 / 02 / 2015
Transaction ID : 9A5F3399-2D76-4A66-A
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial): Judith Kirby
Mailing Address: 4209 Bordeaux Ave
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: 416.66
Date of Receipt: 10 / 15 / 2015
Transaction ID : 444E1C9A-F5B3-4EC5-B
Amount of Each Receipt this Period: 41.63

C. Full Name (Last, First, Middle Initial): Mary Lawrence
Mailing Address: 19545 Hampshire Ct.
City: Prior Lake State: MN Zip Code: 55372
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: 833.34
Date of Receipt: 10 / 30 / 2015
Transaction ID : 9140EC74-2C83-4150-B
Amount of Each Receipt this Period: 416.67

SUBTOTAL of Receipts This Page (optional) ▶ 958.30

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

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

A. Full Name (Last, First, Middle Initial): Julie Lee
Mailing Address: 3950 Kresge Way Ste 105
City: Louisville State: KY Zip Code: 40207-4637
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: 583.31
Date of Receipt: 10 / 15 / 2015
Transaction ID : 2F74E045-B82A-4B5A-8
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial): Darrin Levin
Mailing Address: 29201 Telegraph Rd, Ste 606
City: Southfield State: MI Zip Code: 48034-1300
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: 243.36
Date of Receipt: 10 / 31 / 2015
Transaction ID : FC5BBD46-C2CD-4F5A-A
Amount of Each Receipt this Period: 30.42

C. Full Name (Last, First, Middle Initial): Jordon Lubahn
Mailing Address: 2907 SW Periander St.
City: Portland State: OR Zip Code: 97201
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: 10 / 21 / 2015
Transaction ID : 76471549-84F7-4DBE-8
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 478.75

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

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

A. Full Name (Last, First, Middle Initial): Aaron Mack
Mailing Address: 150 Taylor Station Rd Ste 150
City: Columbus State: OH Zip Code: 43213-4440
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: 333.36
Date of Receipt: 10 / 31 / 2015
Transaction ID : 81F7E875-7F27-454F-9
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): Ben Mahan
Mailing Address: 926 N Jackson St
City: Tullahoma State: TN Zip Code: 37388-2300
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: 241.26
Date of Receipt: 10 / 15 / 2015
Transaction ID : D2D7B03C-04ED-48B1-A
Amount of Each Receipt this Period: 30.42

C. Full Name (Last, First, Middle Initial): Mark Mandel
Mailing Address: 1237 B St
City: Hayward State: CA Zip Code: 94541-2915
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: 666.64
Date of Receipt: 10 / 31 / 2015
Transaction ID : 4BE1117D-D026-4976-8
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 155.42

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Donald May
Mailing Address: PO Box 1678
City: Lubbock State: TX Zip Code: 79408-1678
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: 10 / 16 / 2015
Transaction ID : 535A2A58-4C33-4844-B
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Robert Melendez
Mailing Address: 7227 CORRALES RD
City: CORRALES State: NM Zip Code: 87048
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: 227.85
Date of Receipt: 10 / 30 / 2015
Transaction ID : 15BB95AB-0399-452B-A
Amount of Each Receipt this Period: 30.42

C. Full Name (Last, First, Middle Initial): Seth Meskin
Mailing Address: 202 Cherry St
City: Milford State: CT Zip Code: 06460-3502
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: 10 / 27 / 2015
Transaction ID : 12A586EC-438E-4ACC-8
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 530.42

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Aaron Miller
Mailing Address: 1699 Research Forest Dr Ste 150
City: Shenandoah State: TX Zip Code: 77380-2792
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: 629.19
Date of Receipt: 10 / 15 / 2015
Transaction ID : 9D90F2BE-A4E2-475E-B
Amount of Each Receipt this Period: 4.17

B. Full Name (Last, First, Middle Initial): Amalia Miranda
Mailing Address: 3435 NW 56th St Ste 700
City: Oklahoma City State: OK Zip Code: 73112-4442
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: 666.64
Date of Receipt: 10 / 31 / 2015
Transaction ID : 0F59A93B-8884-43C3-9
Amount of Each Receipt this Period: 83.33

C. Full Name (Last, First, Middle Initial): David Misch
Mailing Address: 250 Avenue K SW Ste 200
City: Winter Haven State: FL Zip Code: 33880-3919
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: 10 / 13 / 2015
Transaction ID : CA07562B-0D4D-4634-B
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1087.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Thomas Moore
Mailing Address: 214 E Monterey Way
City: Phoenix State: AZ Zip Code: 85012-2620
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: 10 / 20 / 2015
Transaction ID : 3C6040C6-0121-4793-B
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Anne Nachazel
Mailing Address: 25511 Little Mack Ave, Ste A
City: St Clair Shores State: MI Zip Code: 48081-3372
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: 10 / 26 / 2015
Transaction ID : CB4898D4-BDDD-4906-A
Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial): Mark Ozog
Mailing Address: 1417 9th St S Ste 100
City: Great Falls State: MT Zip Code: 59405-4509
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: 304.16
Date of Receipt: 10 / 31 / 2015
Transaction ID : 49BFEF36-6721-4B5E-B
Amount of Each Receipt this Period: 30.42

SUBTOTAL of Receipts This Page (optional) ▶ 760.42

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Timothy Page
Mailing Address: 1234 Willow Ln
City: Birmingham State: MI Zip Code: 48009-7008
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: 333.36
Date of Receipt: 10 / 30 / 2015
Transaction ID : 5453E7B6-FBF0-4362-9
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial): Vadrevu Raju
Mailing Address: 3140 Collins Ferry Rd
City: Morgantown State: WV Zip Code: 26505-3352
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: 10 / 27 / 2015
Transaction ID : AF4B8B9E-342D-4E40-9
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): William Rich III
Mailing Address: 6231 Leesburg Pike Ste 608
City: Falls Church State: VA Zip Code: 22044-2102
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: 666.64
Date of Receipt: 10 / 31 / 2015
Transaction ID : 0FAB5824-BB25-4A48-9
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Mark Ruchman
Mailing Address: Box 1446
City: Washington State: CT Zip Code: 06793
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: 531.68
Date of Receipt: 10 / 19 / 2015
Transaction ID : 84434692-A2CB-45A7-A
Amount of Each Receipt this Period: 365.00

B. Full Name (Last, First, Middle Initial): Mark Ruchman
Mailing Address: 1 Reservoir Ofc Park Ste 203
City: Southbury State: CT Zip Code: 06488-3926
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: 531.68
Date of Receipt: 10 / 31 / 2015
Transaction ID : CB5A51B8-0B26-46E8-B
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): E. Ronald Salvitti
Mailing Address: 750 E Beau St
City: Washington State: PA Zip Code: 15301-6661
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: 10 / 27 / 2015
Transaction ID : 4667FE69-1B1C-4B6A-A
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 706.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Paul Steinkuller
Mailing Address: 47388 Dingman Point Road
City: Alexandria Bay | State: NY | Zip Code: 13607
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: 10 / 27 / 2015
Transaction ID : 7DFBC626-38D0-4722-B
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Prem Subramanian
Mailing Address: 1675 Aurora Ct #F731
City: Aurora | State: CO | Zip Code: 80045
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: 416.66
Date of Receipt: 10 / 15 / 2015
Transaction ID : 83780E7B-7CBA-4CDF-B
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): Russell Swann
Mailing Address: 201 Londonderry Dr
City: Waco | State: TX | Zip Code: 76712-7931
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: 243.36
Date of Receipt: 10 / 31 / 2015
Transaction ID : 266030DC-E5BA-4008-8
Amount of Each Receipt this Period: 30.42

SUBTOTAL of Receipts This Page (optional) ▶ 322.09

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Alan Wagner
Mailing Address: 5520 Greenwich Rd Ste 204
City: Virginia Beach State: VA Zip Code: 23462-6541
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: 1583.31
Date of Receipt: 10 / 15 / 2015
Transaction ID : E43E463A-803F-4EA6-9
Amount of Each Receipt this Period: 83.33

B. Full Name (Last, First, Middle Initial): Thomas Peter Ward
Mailing Address: 18 Old Stone Xing
City: West Hartford State: CT Zip Code: 06117-1859
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: 416.70
Date of Receipt: 10 / 30 / 2015
Transaction ID : 2AB0ABD7-A791-4C62-B
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): Barry Welch
Mailing Address: 424 Yellowstone Ave Ste 110
City: Cody State: WY Zip Code: 82414-9309
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: 583.31
Date of Receipt: 10 / 30 / 2015
Transaction ID : D0FE32F1-24AD-46F6-B
Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 208.33

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Shawn Wilker
Mailing Address: 1852 Strathmore Circle
City: Mount Dora | State: FL | Zip Code: 32757
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: 10 / 23 / 2015
Transaction ID : 741B34F8-6F86-42C9-9
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial): Byron Wilkes
Mailing Address: 1923 Shadow Lane
City: Little Rock | State: AR | Zip Code: 72207
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: 291.69
Date of Receipt: 10 / 15 / 2015
Transaction ID : 20BDFA6F-5285-4D9F-A
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial): Chi-Wah (Rudy) Yung
Mailing Address: 5124 Green Braes East Dr
City: Indianapolis | State: IN | Zip Code: 46234-2915
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: 10 / 28 / 2015
Transaction ID : C7A0EC4A-ABFC-4A80-9
Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 591.67

TOTAL This Period (last page this line number only) ▶ 15377.20

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): Wells Fargo Bank N.A.
Mailing Address: PO Box 63020
City: San Francisco State: CA Zip Code: 94163
Purpose of Disbursement: Bank charges - Oct 2015
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 31 / Y Y Y Y 2015
Transaction ID : E1617A3118640D0E22B
Amount of Each Disbursement this Period: 91.05

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 91.05

TOTAL This Period (last page this line number only) ▶ 91.05

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): America Works PAC
Mailing Address: PO Box 15293
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: 2015 Contribution
Category/Type: 011
Candidate Name: America Works PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2015 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 10 / 21 / 2015
Transaction ID : 41658281977E5162461
Amount of Each Disbursement this Period: 2500.00

B.
Full Name (Last, First, Middle Initial): AMERIPAC: The Fund for a Greater America
Mailing Address: 700 13th Street NW Suite 600
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: 2015 Contribution
Category/Type: 011
Candidate Name: AMERIPAC: The Fund for a Greater America
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2015 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 10 / 21 / 2015
Transaction ID : 44C6CC200F4A4F8B78E
Amount of Each Disbursement this Period: 2500.00

C.
Full Name (Last, First, Middle Initial): John Lewis for Congress
Mailing Address: PO Box 2323
City: Atlanta State: GA Zip Code: 30301
Purpose of Disbursement: VOID: Check Originally reported on 09/24/15
Category/Type: 011
Candidate Name: John Robert Lewis
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 05
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 10 / 05 / 2015
Transaction ID : F6AE60D92AD563AC078
Amount of Each Disbursement this Period: -1000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Johnson for Congress
Mailing Address: PO Box 906
City: Marietta State: OH Zip Code: 45750
Purpose of Disbursement: 2016 Primary
Category/Type: 011
Candidate Name: William L. Johnson
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 21 / 2015
Transaction ID : E820287235CA2BBBD6A
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Marsha Blackburn for Congress, Inc.
Mailing Address: PO Box 3750
City: Brentwood State: TN Zip Code: 37024-3750
Purpose of Disbursement: 2016 General
Category/Type: 011
Candidate Name: Marsha Wedgeworth Blackburn
Office Sought: ☒ House ☐ Senate ☐ President
State: TN District: 07
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 14 / 2015
Transaction ID : D65BD7438F9DEDB5637
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): Martin Heinrich for Senate
Mailing Address: PO Box 25763
City: Albuquerque State: NM Zip Code: 87125
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Martin Heinrich
Office Sought: ☐ House ☒ Senate ☐ President
State: NM District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 21 / 2015
Transaction ID : D71F7B1FB085671CE48
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Mary Lawrence for Congress
Mailing Address: PO Box 21215
City: Eagan State: MN Zip Code: 55121
Purpose of Disbursement: 2016 Primary
Candidate Name: Mary Lawrence
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MN District: 02
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 28 / 2015
Transaction ID : 5186826CC0424945154
Amount of Each Disbursement this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Mike Kelly for Congress
Mailing Address: PO Box 476
City: Lyndora State: PA Zip Code: 16045
Purpose of Disbursement: 2016 Primary
Candidate Name: G. Mike J. Kelly
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 03
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 21 / 2015
Transaction ID : BC0EA68B74FAFA9E314
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): Opportunity & Renewal PAC
Mailing Address: 232 NE 9th Ave
City: Portland State: OR Zip Code: 97232
Purpose of Disbursement: 2015 Contribution
Candidate Name: Opportunity & Renewal PAC
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2015 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 10 / 28 / 2015
Transaction ID : 737C852244075E0AF9E
Amount of Each Disbursement this Period: 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 11000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Pallone for Congress
Mailing Address: PO Box 3176
City: Long Branch State: NJ Zip Code: 07740
Purpose of Disbursement: 2016 Primary
Candidate Name: Frank Pallone Jr.
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 21 / 2015
Transaction ID : 1C2759B565D7C3D35F9
Amount of Each Disbursement this Period: 1500.00

B. Full Name (Last, First, Middle Initial): Price for Congress
Mailing Address: PO Box 425
City: Roswell State: GA Zip Code: 30077
Purpose of Disbursement: 2016 Primary
Candidate Name: Thomas E. Price M.D.
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 06
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 21 / 2015
Transaction ID : 6FC727B4A2AC75D38FF
Amount of Each Disbursement this Period: 2500.00

C. Full Name (Last, First, Middle Initial): Sherman for Congress
Mailing Address: 777 S. Figueroa St., Ste. 4050
City: Los Angeles State: CA Zip Code: 90017
Purpose of Disbursement: 2016 Primary
Candidate Name: Bradley James Sherman
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 30
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 21 / 2015
Transaction ID : C30A4A4A4D509D2923B
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): Udall for US All
Mailing Address: PO Box 25766
City: Albuquerque State: NM Zip Code: 87125
Purpose of Disbursement: 2020 Primary
Category/Type: 011
Candidate Name: Tom Stewart Udall
Office Sought: ☐ House ☒ Senate ☐ President
State: NM District:
Disbursement For: 2020 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 08 / Y Y Y Y 2015
Transaction ID : EEBDD90201F752EF1E4
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 25500.00