

**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.....	260384.90	
(c) Total Receipts (from Line 19)	18908.38	365085.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	279293.28	574406.97
7. Total Disbursements (from Line 31).....	46267.33	341381.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	233025.95	233025.95
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)

Page 3

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).....	16671.57	303316.17
(ii) Unitemized	2236.81	61769.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18908.38	365085.28
(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)	18908.38	365085.28
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))..... ▶	18908.38	365085.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18908.38	365085.28

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	67.33	653.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	67.33	653.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46200.00	340200.00
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)) ..	46267.33	341381.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	46267.33	341381.02

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)	18908.38	365085.28
34. Total Contribution Refunds (from Line 28(d))	0.00	527.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18908.38	364557.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	67.33	653.52
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	67.33	653.52

**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 37
	<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. Joe Arterberry
 Full Name (Last, First, Middle Initial)
 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 ▼ 375.03

Date of Receipt 09 / 15 / 2015
Transaction ID : F2BE1C9E-C18C-487A-8
 Amount of Each Receipt this Period 41.67

B. Ray Balyeat
 Full Name (Last, First, Middle Initial)
 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 ▼ 700.00

Date of Receipt 09 / 30 / 2015
Transaction ID : FA604D80-202C-4A7A-B
 Amount of Each Receipt this Period 100.00

C. Donald Benefield
 Full Name (Last, First, Middle Initial)
 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 ▼ 208.35

Date of Receipt 09 / 15 / 2015
Transaction ID : 2E0BFD1B-EEE8-4009-8
 Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional).....▶	183.34
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 37
	<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	

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

A. David Bogorad
Full Name (Last, First, Middle Initial)

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 ▼ **408.74**

Date of Receipt **09 / 30 / 2015**

Transaction ID : C2E42A5B-2C06-4EC5-8

Amount of Each Receipt this Period **30.42**

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

Mailing Address 1127 Wilshire Blvd Ste 1620

City Los Angeles State CA Zip Code 90017-4007

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 **09 / 21 / 2015**

Transaction ID : CF4F97E9-A4D2-4AE6-A

Amount of Each Receipt this Period **1000.00**

C. 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 ▼ **999.76**

Date of Receipt **09 / 30 / 2015**

Transaction ID : 6A295565-A1B4-4DB0-8

Amount of Each Receipt this Period **111.12**

SUBTOTAL of Receipts This Page (optional).....▶	1141.54
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 8 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John Burchfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 9087 Stonybrook Blvd.
 City State Zip Code
 Sylvania OH 43560
 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 ▼
273.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : 6F61D052-433A-46AA-A
 Amount of Each Receipt this Period
30.42

B. Ronald Caronia
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 Merrick Rd Fl 3
 City State Zip Code
 Lynbrook NY 11563-2526
 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
 09 / 01 / 2015
Transaction ID : 4C65656C-A4AE-49B8-A
 Amount of Each Receipt this Period
365.00

C. Carol Chappell
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Saint Vincent Cir Ste 200
 City State Zip Code
 Little Rock AR 72205-5416
 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
 09 / 01 / 2015
Transaction ID : 32C3E0DE-0293-48A5-A
 Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	760.42
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 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Grace Cinciripini
 Full Name (Last, First, Middle Initial)
 Mailing Address 514 - 34th Ave
 City Seattle State WA Zip Code 98122-6472
 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
 09 / 14 / 2015
Transaction ID : DBED28B4-0D48-446E-9
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : ODD14C65-420F-4FFE-8
 Amount of Each Receipt this Period
 416.67
 Aggregate Year-to-Date ▼
 3750.03

C. Atys Cope
 Full Name (Last, First, Middle Initial)
 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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : 4213ED46-A856-4CD1-A
 Amount of Each Receipt this Period
 41.67
 Aggregate Year-to-Date ▼
 250.02

SUBTOTAL of Receipts This Page (optional).....▶	958.34
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 10 OF 37
	<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
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

Mailing Address 2041 Georgia Ave NW Towers 2100

City Washington	State DC	Zip Code 20060-0001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
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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
 09 / 21 / 2015

Transaction ID : 7ECFA066-2170-4CC7-9

Amount of Each Receipt this Period
1000.00

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

Mailing Address 613 Del Prado Blvd

City Cape Coral	State FL	Zip Code 33990
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : 3161AE45-30E9-4CCE-B

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
C. Kimberly Crowder

Mailing Address 4156 Dogwood Drive

City Jackson	State MS	Zip Code 39211
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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
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015

Transaction ID : 98177FC1-88C1-48C7-8

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶	1083.34
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 37
	<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	

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

A. David Demartini
Full Name (Last, First, Middle Initial)

Mailing Address 122 La Casa Via Ste 222

City Walnut Creek State CA Zip Code 94598-3014

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
09 / 21 / 2015
Transaction ID : 708564FC-676C-4B53-9

Amount of Each Receipt this Period
365.00

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

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 ▼ 291.65

Date of Receipt
09 / 30 / 2015
Transaction ID : 60D2933C-1062-4700-9

Amount of Each Receipt this Period
41.67

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) ▼

Aggregate Year-to-Date ▼ 1166.66

Date of Receipt
09 / 30 / 2015
Transaction ID : 2B91B0D9-7BA0-4CC6-A

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 490.00

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 12 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Aashish Gandhi
 Full Name (Last, First, Middle Initial)
 Mailing Address 1604 Waterford Pl
 City Champaign State IL Zip Code 61821
 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
 09 / 29 / 2015
Transaction ID : 1DFF24A-6268-49BC-9
 Amount of Each Receipt this Period
 365.00

B. Blake Geren
 Full Name (Last, First, Middle Initial)
 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 ▼ 250.02

Date of Receipt
 09 / 15 / 2015
Transaction ID : 31CE3C58-C4AF-477C-9
 Amount of Each Receipt this Period
 41.67

C. Sidney Gicheru
 Full Name (Last, First, Middle Initial)
 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 ▼ 1875.01

Date of Receipt
 09 / 15 / 2015
Transaction ID : 9AB2B417-4D5E-4211-8
 Amount of Each Receipt this Period
 208.33

SUBTOTAL of Receipts This Page (optional).....▶	615.00
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 13 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 **750.01**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : B8A4DA1B-7864-49C1-8
 Amount of Each Receipt this Period
83.33

B. R. Mark Mark Hatfield
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3970
 City Charleston State WV Zip Code 25339-3970
 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
 09 / 14 / 2015
Transaction ID : 9A8F2724-5AFE-43E1-8
 Amount of Each Receipt this Period
500.00

C. Jean Hausheer
 Full Name (Last, First, Middle Initial)
 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 **875.03**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : F9A759D1-ED2F-495D-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**

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

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

A. Stephen Higgins
 Full Name (Last, First, Middle Initial)
 Mailing Address 3412 W Centre Ave
 City State Zip Code
 Portage MI 49024-4624
 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 ▼
 375.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : 0C66705E-A9CD-4F56-B
 Amount of Each Receipt this Period
 41.67

B. Mujahid Hines
 Full Name (Last, First, Middle Initial)
 Mailing Address 4216 Vista Terrace Dr.
 City State Zip Code
 Frisco TX 75034
 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 ▼
 212.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : 205DE4BF-AC9D-4656-B
 Amount of Each Receipt this Period
 30.42

C. Lawrence Hurvitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3920 Bee Ridge Rd Ste F-B
 City State Zip Code
 Sarasota FL 34233-1207
 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
 09 / 28 / 2015
Transaction ID : E37BF593-458B-4939-9
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 37
	<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

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

A. Randolph Johnston
Full Name (Last, First, Middle Initial)
Mailing Address 520 Saddle Drive
City Cheyenne State WY Zip Code 82009
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 **09 / 24 / 2015**
Transaction ID : 24094EE2-128B-432F-9
Amount of Each Receipt this Period **500.00**

B. 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 **791.65**

Date of Receipt **09 / 30 / 2015**
Transaction ID : 18A312E9-724E-4A46-9
Amount of Each Receipt this Period **41.67**

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 **791.65**

Date of Receipt **09 / 30 / 2015**
Transaction ID : 9B1937AB-4C5C-4F3E-A
Amount of Each Receipt this Period **41.63**

SUBTOTAL of Receipts This Page (optional)..... **583.30**
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	FOR LINE NUMBER: (check only one)	PAGE 16 OF 37
	<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. Henry Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 E Muhammad Ali Blvd
 City Louisville State KY Zip Code 40202-1511
 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 ▼ 625.05

Date of Receipt
 09 / 15 / 2015
Transaction ID : 66CA2AD5-B9AD-4DBE-9
 Amount of Each Receipt this Period
 41.67

B. Henry Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 301 E Muhammad Ali Blvd
 City Louisville State KY Zip Code 40202-1511
 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 ▼ 625.05

Date of Receipt
 09 / 15 / 2015
Transaction ID : BF5D7871-998A-4C02-9
 Amount of Each Receipt this Period
 41.67

C. 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 ▼ 1375.03

Date of Receipt
 09 / 15 / 2015
Transaction ID : B6B9EC9E-F6BE-4E99-9
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	125.01
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 17 OF 37
	<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. Mari Keithahn
 Full Name (Last, First, Middle Initial)
 Mailing Address 3600 Amron Ct
 City Columbia State MO Zip Code 65202-1918
 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 09 / 30 / 2015
Transaction ID : 2E644DA6-878C-4302-A
 Amount of Each Receipt this Period 41.67

B. Judith Kirby
 Full Name (Last, First, Middle Initial)
 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 ▼ 375.03

Date of Receipt 09 / 15 / 2015
Transaction ID : EC27721C-EECB-4638-9
 Amount of Each Receipt this Period 41.67

C. Craig Kliger
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Galewood Cir
 City San Francisco State CA Zip Code 94131-1132
 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 ▼ 374.99

Date of Receipt 09 / 30 / 2015
Transaction ID : F7F72EC9-F9A2-4EB9-9
 Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional).....▶	125.01
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 18 OF 37
	<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. Mary Lawrence
 Full Name (Last, First, Middle Initial)
 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 ▼ 416.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2015
Transaction ID : B266558F-7E3B-401B-A
 Amount of Each Receipt this Period
 416.67

B. Julie Lee
 Full Name (Last, First, Middle Initial)
 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 ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : F68A69A0-1992-4360-8
 Amount of Each Receipt this Period
 83.33

C. Darrin Levin
 Full Name (Last, First, Middle Initial)
 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 ▼ 212.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : 94720649-A19B-4DC7-8
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	530.42
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 37
	<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
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Jeffrey Todd Liegner
 Full Name (Last, First, Middle Initial)
 Mailing Address One Wilson Drive
 City Sparta State NJ Zip Code 07871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 09 / 21 / 2015
Transaction ID : A972B2F9-E2F3-486C-A
 Amount of Each Receipt this Period
 2500.00
 Aggregate Year-to-Date **2500.00**

B. Aaron Mack
 Full Name (Last, First, Middle Initial)
 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)

Date of Receipt
 09 / 30 / 2015
Transaction ID : 9DF3D411-6F7A-4AC7-A
 Amount of Each Receipt this Period
 41.67
 Aggregate Year-to-Date **291.69**

C. Ben Mahan
 Full Name (Last, First, Middle Initial)
 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)

Date of Receipt
 09 / 13 / 2015
Transaction ID : 409B6395-2843-4D8A-9
 Amount of Each Receipt this Period
 30.42
 Aggregate Year-to-Date **210.84**

SUBTOTAL of Receipts This Page (optional).....	2572.09
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 20 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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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 ▼ 749.95

Date of Receipt
 09 / 30 / 2015
Transaction ID : 2108418B-F035-4CFD-A
 Amount of Each Receipt this Period
 83.33

B. Mark Mandel
 Full Name (Last, First, Middle Initial)
 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 ▼ 583.31

Date of Receipt
 09 / 30 / 2015
Transaction ID : 3900FFAB-9137-49C7-B
 Amount of Each Receipt this Period
 83.33

C. Alan Mandelberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 4418 Vineland Ave Ste 106
 City North Hollywood State CA Zip Code 91602-2159
 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
 09 / 21 / 2015
Transaction ID : F62EB546-410E-41B1-B
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	531.66
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 21 OF 37
	<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
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Mario Meallet
 Full Name (Last, First, Middle Initial)
 Mailing Address 508 Ashland Ave, Apt 101
 City Santa Monica State CA Zip Code 90405-4359
 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
 09 / 21 / 2015
Transaction ID : 007043F4-9578-4FF2-A
 Amount of Each Receipt this Period
 365.00

B. Douglas Merritt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1226 NE Seventh St
 City Grants Pass State OR Zip Code 97526
 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
 09 / 01 / 2015
Transaction ID : 09E7EF9D-EB3B-40FA-A
 Amount of Each Receipt this Period
 500.00

C. Aaron Miller
 Full Name (Last, First, Middle Initial)
 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 ▼ 625.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : 372476B8-87D9-42F3-9
 Amount of Each Receipt this Period
 4.17

SUBTOTAL of Receipts This Page (optional).....▶	869.17
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 22 OF 37
	<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	

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

A. Anne Elizabeth Miller
Full Name (Last, First, Middle Initial)

Mailing Address 413 W 6th Ave

City Cheyenne State WY Zip Code 82001-1253

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
09 / 19 / 2015
Transaction ID : 3F4F8EF5-FFDD-4E13-A

Amount of Each Receipt this Period
1000.00

B. Adrienne Millett
Full Name (Last, First, Middle Initial)

Mailing Address 207 Wimberly Place

City Richmond State KY Zip Code 40475-3541

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
09 / 21 / 2015
Transaction ID : 619A1514-8CAC-4149-A

Amount of Each Receipt this Period
500.00

C. Amalia Miranda
Full Name (Last, First, Middle Initial)

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 ▼ 583.31

Date of Receipt
09 / 30 / 2015
Transaction ID : 992E4643-CCE6-429C-B

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 1583.33

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)	PAGE 23 OF 37
	<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
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. David James O'Morchoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 20669 Bond Rd NE
 City Poulsbo State WA Zip Code 98370-6525
 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
 09 / 28 / 2015
Transaction ID : 82116857-172A-4A33-A
 Amount of Each Receipt this Period
 1000.00

B. Mark Ozog
 Full Name (Last, First, Middle Initial)
 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 ▼ 273.74

Date of Receipt
 09 / 30 / 2015
Transaction ID : 387985FE-4F10-4321-A
 Amount of Each Receipt this Period
 30.42

C. Timothy Page
 Full Name (Last, First, Middle Initial)
 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 ▼ 291.69

Date of Receipt
 09 / 30 / 2015
Transaction ID : A1C9D273-42F6-4ABC-9
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	1072.09
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 24 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. William Rich III
 Full Name (Last, First, Middle Initial)
 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 ▼ 583.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : 92806A2D-493C-4163-B
 Amount of Each Receipt this Period
 83.33

B. Lawrence Ronning
 Full Name (Last, First, Middle Initial)
 Mailing Address 1605 Portage Ave.
 City North Canton State OH Zip Code 44720
 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
 09 / 01 / 2015
Transaction ID : 97F336F1-1BE4-474B-A
 Amount of Each Receipt this Period
 250.00

C. Prem Subramanian
 Full Name (Last, First, Middle Initial)
 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 ▼ 374.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : B5F5CB65-35D9-47E0-A
 Amount of Each Receipt this Period
 41.67

SUBTOTAL of Receipts This Page (optional).....▶	375.00
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 25 OF 37
	<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	

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

Full Name (Last, First, Middle Initial) A. Russell Swann		Date of Receipt
Mailing Address 201 Londonderry Dr		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Waco	TX	76712-7931
FEC ID number of contributing federal political committee.		Transaction ID : 6725B588-1237-4759-A
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.42"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="212.94"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dana Tannenbaum		Date of Receipt
Mailing Address 2326 Commonwealth Ave,		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code
Los Angeles	CA	90027
FEC ID number of contributing federal political committee.		Transaction ID : 450DDC7E-CC5A-4CAF-9
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="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" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stephanie Turner		Date of Receipt
Mailing Address PO Box 369		<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
City	State	Zip Code
Greenwood	SC	29648-0369
FEC ID number of contributing federal political committee.		Transaction ID : FD646EDE-0193-4F90-B
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="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" value="365.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="760.42"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Michael Vrabec
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Park Pl
 City Appleton State WI Zip Code 54914-8872
 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
 09 / 14 / 2015
Transaction ID : 5B41525D-5585-44DB-B
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

B. Alan Wagner
 Full Name (Last, First, Middle Initial)
 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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : 188D4F6B-A67B-46A2-9
 Amount of Each Receipt this Period
 83.33
 Aggregate Year-to-Date ▼
 1499.98

C. Thomas Peter Ward
 Full Name (Last, First, Middle Initial)
 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)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : 92A750A8-0F25-47A7-8
 Amount of Each Receipt this Period
 41.67
 Aggregate Year-to-Date ▼
 375.03

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 27 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Barry Welch
 Full Name (Last, First, Middle Initial)
 Mailing Address 424 Yellowstone Ave Ste 110
 City State Zip Code
 Cody WY 82414-9309
 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 ▼
 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : 38833A2B-90B0-43C2-9
 Amount of Each Receipt this Period
 83.33

B. Byron Wilkes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1923 Shadow Lane
 City State Zip Code
 Little Rock AR 72207
 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 ▼
 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2015
Transaction ID : FEAC6502-1582-4CF4-A
 Amount of Each Receipt this Period
 41.67

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	16671.57

**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 checked="" 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 type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement
Bank charges - Sep 2015

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 4C936012C56091F4E90

Amount of Each Disbursement this Period

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Bucshon for Congress

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement
2016 Primary

011

Candidate Name

Larry Dean Bucshon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : D8A2178CCB60F7F66A8

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr. MD for Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
2016 Primary

011

Candidate Name

Charles William Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: LA District: 03

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : 75EE066061263517128

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st St SE
Suite 310

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Primary

011

Candidate Name

Linda T. Sanchez

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : 7C086BF9C6F5040F54C

Amount of Each Disbursement this Period

1000.00

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

6500.00

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

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

Use separate schedule(s) 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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Connolly for Congress

Mailing Address PO Box 563

City Merrifield State VA Zip Code 22116

Purpose of Disbursement
2016 Primary

011

Candidate Name

Gerald E. Connolly

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: VA District: 11

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : C6CABF913E51BCFF81E

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Continuing America's Strength and Security PAC

Mailing Address PO Box 80505

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Continuing America's Strength and Security PAC

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : 7F58BA648FCB262023A

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. David Scott for Congress

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement
2016 Primary

011

Candidate Name

David Albert Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : 4734C005693B9B69EF7

Amount of Each Disbursement this Period

4000.00

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

10500.00

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz for Congress

Mailing Address PO Box 3433

City: Palm Desert State: CA Zip Code: 92261

Purpose of Disbursement: 2016 Primary

011

Category/Type

Candidate Name

Raul Ruiz

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : F21F817BC40B42BD94C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. George Holding for Congress Inc.

Mailing Address PO Box 97187

City: Raleigh State: NC Zip Code: 27624

Purpose of Disbursement: 2016 Primary

011

Category/Type

Candidate Name

George E. B. Holding

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District: 13

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : C91FCBE23A264BD1B2B

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee Inc

Mailing Address PO Box 3986

City: Washington State: DC Zip Code: 20027

Purpose of Disbursement: 2018 Primary

011

Category/Type

Candidate Name

Orrin Grant Hatch

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: UT District:

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : 2512CB88DCECD11E64D

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Hudson for Congress

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027-1500

Purpose of Disbursement
2016 Primary

011
Category/ Type

Candidate Name

Richard Lane Hudson Jr.

Office Sought: House
 Senate
 President
State: NC District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2015

Transaction ID : 65B9D816DDD2565632C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. John Lewis for Congress

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement
2016 Primary

011
Category/ Type

Candidate Name

John Robert Lewis

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2015

Transaction ID : 88F1AD34AEB3FF27A7C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Lewis for Congress

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301

Purpose of Disbursement
2016 Primary

011
Category/ Type

Candidate Name

John Robert Lewis

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2015

Transaction ID : F4718257674534BE8E2

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)..... ▶

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**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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Paul Tonko for Congress

Mailing Address 911 Central Avenue
221

City Albany State NY Zip Code 12206

Purpose of Disbursement
2016 Primary

011

Candidate Name

Paul David Tonko

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2015

Transaction ID : 784B03EE58204518B2F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. People for Ben

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement
2016 Primary

011

Candidate Name

Ben Ray Lujan

Category/
Type

Office Sought: House
 Senate
 President
State: NM District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2015

Transaction ID : A4BCA9A0F700A251F32

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Renee Ellmers for Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement
2016 Primary

011

Candidate Name

Renee L. Ellmers

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : B867143B00108D9BB8C

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Roskam for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2015

Mailing Address PO Box 713

Transaction ID : 25EF122C6A950DDEE3C4

City State Zip Code
Wheaton IL 60187

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2016 Primary

011
Category/ Type

Candidate Name

Peter James Roskam

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 06

Full Name (Last, First, Middle Initial)

B. Scott Peters for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		16		2015

Mailing Address PO Box 75357

Transaction ID : CE237FC9914EC6BCF70

City State Zip Code
Washington DC 20002

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2016 Primary

011
Category/ Type

Candidate Name

Scott H. Peters

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 52

Full Name (Last, First, Middle Initial)

C. Scott Peters for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2015

Mailing Address PO Box 75357

Transaction ID : 81F9EEAB3FC8C19A141

City State Zip Code
Washington DC 20002

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
2016 Primary

011
Category/ Type

Candidate Name

Scott H. Peters

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 52

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

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

4500.00

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**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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. The Congressman Joe Barton Committee

Mailing Address PO Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
2016 Primary

011

Candidate Name

Joseph Linus Barton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 06

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2015

Transaction ID : 169E629B2FF5DF9B944

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement
2016 Primary

011

Candidate Name

Patrick Joseph Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : 228FF1F707324E07DE5

Amount of Each Disbursement this Period

1200.00

Full Name (Last, First, Middle Initial)

C. Trust PAC Team Republicans for Utilizing Sensible Tactics

Mailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Trust PAC Team Republicans for Utilizing Sensible Tactics

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2015

Transaction ID : DCFCABA42D00DA5109E

Amount of Each Disbursement this Period

2500.00

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

6200.00

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

46200.00