

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

ADDRESS (number and street) 4000 Legato Road, Suite 700

(Check if address is changed)

Fairfax VA 22033-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) nmccann@ascrs.org

Optional Second E-Mail Address tobrien@ascrs.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 10 / 04 / 2016

3. FEC IDENTIFICATION NUMBER C C00171504

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer McCann, Nancey, , ,

Signature of Treasurer McCann, Nancey, , , *[Electronically Filed]* Date 10 / 04 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.