

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

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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 / 01 / 2016 through 01 / 31 / 2016

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 Jill Boyett

Signature of Treasurer Jill Boyett [Electronically Filed] Date 02 / 17 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (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="2016"/>		<input type="text" value="288757.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="288757.48"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="30804.10"/>	<input type="text" value="30804.10"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="319561.58"/>	<input type="text" value="319561.58"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13571.53"/>	<input type="text" value="13571.53"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="305990.05"/>	<input type="text" value="305990.05"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 01 / 01 / 2016 To: 01 / 31 / 2016

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).....	24910.00	24910.00
(ii) Unitemized .....	5894.10	5894.10
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	30804.10	30804.10
(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) .....	30804.10	30804.10
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))..... ▶	30804.10	30804.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30804.10	30804.10

**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 .....	71.53	71.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	71.53	71.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	13500.00
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	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13571.53	13571.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13571.53	13571.53

**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) .....	30804.10	30804.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30804.10	30804.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	71.53	71.53
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	71.53	71.53

**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 20
	<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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Thomas Allison**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3094 Cahaba Valley Rd  
 City Indian Springs State AL Zip Code 35124-3517  
 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  
 01 / 11 / 2016  
**Transaction ID : E354113A-1406-4F49-B**  
 Amount of Each Receipt this Period  
 250.00

**B. Reginald George Ariyasu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3467 Stoner Ave  
 City Los Angeles State CA Zip Code 90066-2819  
 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  
 01 / 07 / 2016  
**Transaction ID : 0355DB02-948D-45A2-A**  
 Amount of Each Receipt this Period  
 500.00

**C. Robert Bailey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4060 Butler Pike Ste 100  
 City Plymouth Meeting State PA Zip Code 19462-1560  
 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  
 01 / 07 / 2016  
**Transaction ID : 9682A345-4BF0-4347-8**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<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) <b>A. Lauren Baker</b>		Date of Receipt
Mailing Address 345 E 53rd St		<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2016"/>
City	State	Zip Code
Minneapolis	MN	55419-1431
FEC ID number of contributing federal political committee.		Transaction ID : <b>4DEB3A59-1089-4C5F-A</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Janet Betchkal</b>		Date of Receipt
Mailing Address 6335 Christopher Creek Rd., W.		<input type="text" value="01"/> / <input type="text" value="04"/> / <input type="text" value="2016"/>
City	State	Zip Code
Jacksonville	FL	32217-2473
FEC ID number of contributing federal political committee.		Transaction ID : <b>FD08B6A1-20D9-4FF2-B</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Self	Ophthalmologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Louis Blumenfeld</b>		Date of Receipt
Mailing Address 790 Concourse Pkwy S Ste 200		<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2016"/>
City	State	Zip Code
Maitland	FL	32751-6114
FEC ID number of contributing federal political committee.		Transaction ID : <b>B2F3F8E4-D809-49A6-8</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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1865.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. John Bullock Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6432 Roselawn Road  
 City Richmond State VA Zip Code 23226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 01 / 21 / 2016  
**Transaction ID : 9F590FE2-D27C-4E56-8**  
 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  
 01 / 18 / 2016  
**Transaction ID : 8F01381F-8440-415B-A**  
 Amount of Each Receipt this Period  
 5000.00  
 Aggregate Year-to-Date ▼  
 5000.00

**C. Minou Colis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2440 Ravine Way Ste 600  
 City Glenview State IL Zip Code 60025-7647  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 01 / 18 / 2016  
**Transaction ID : 12AF4801-CDD9-4809-A**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<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. David Keith Emmel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1260 Silas Deane Hwy  
 City Wethersfield State CT Zip Code 06109  
 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 / D D / Y Y Y Y Y Y  
 01 / 11 / 2016  
**Transaction ID : 385666B1-95C3-4E2C-A**  
 Amount of Each Receipt this Period  
 1500.00  
 Aggregate Year-to-Date ▼  
 1500.00

**B. John Frangie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 489 Bernardston Rd  
 City Greenfield State MA Zip Code 01301-1238  
 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 / D D / Y Y Y Y Y Y  
 01 / 07 / 2016  
**Transaction ID : F08E360B-CB59-4956-9**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date ▼  
 1000.00

**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)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2016  
**Transaction ID : 4B1751CB-508D-4929-8**  
 Amount of Each Receipt this Period  
 208.33  
 Aggregate Year-to-Date ▼  
 208.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2708.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<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. Robert Gold**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 790 Concourse Pkwy S Ste 200  
 City Maitland State FL Zip Code 32751-6114  
 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 / D D / Y Y Y Y Y Y  
 01 / 26 / 2016  
**Transaction ID : B5131CD7-9CDA-4218-B**  
 Amount of Each Receipt this Period  
 365.00

**B. Marc Goldberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 S Wheeling Ave Ste 1010  
 City Tulsa State OK Zip Code 74104-5646  
 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 / D D / Y Y Y Y Y Y  
 01 / 06 / 2016  
**Transaction ID : E5A7905C-38E1-4C49-9**  
 Amount of Each Receipt this Period  
 365.00

**C. Robert Gross**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5351 Nakoma Drive  
 City Dallas State TX Zip Code 75209  
 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 ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 11 / 2016  
**Transaction ID : DB9C2F7A-B219-40C7-B**  
 Amount of Each Receipt this Period  
 750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1480.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<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. Christopher Knight**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2251 DuBois Dr  
 City Warsaw State IN Zip Code 46580-3212  
 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  
 01 / 22 / 2016  
**Transaction ID : 990C272A-5A96-44D6-B**  
 Amount of Each Receipt this Period  
 250.00

**B. 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  
 01 / 30 / 2016  
**Transaction ID : 6392B434-33AC-4A10-9**  
 Amount of Each Receipt this Period  
 416.67

**C. Gareth Lema**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 81 Cleveland Ave  
 City Buffalo State NY Zip Code 14222  
 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  
 01 / 18 / 2016  
**Transaction ID : 7E1CE18B-EFDE-485E-B**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1166.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Andrew Levada</b>		Date of Receipt MM / DD / YYYY 01 / 15 / 2016 <b>Transaction ID : 2E5684B5-49F1-47DD-8</b>
Mailing Address 1201 W Main St		Amount of Each Receipt this Period 365.00
City Waterbury	State CT	Zip Code 06708-3176
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>B. Amy Lin</b>		Date of Receipt MM / DD / YYYY 01 / 24 / 2016 <b>Transaction ID : A16DD052-C2E5-4D99-8</b>
Mailing Address 201 E South Temple St Apt 810		Amount of Each Receipt this Period 365.00
City Salt Lake City	State UT	Zip Code 84111
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>C. McGregor Lott</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2016 <b>Transaction ID : F5266D52-A1C1-48C6-A</b>
Mailing Address 413 Lister Street		Amount of Each Receipt this Period 500.00
City Waycross	State GA	Zip Code 31501
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
	<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. Colin MA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2525 NW Lovejoy St Ste 100  
 City Portland State OR Zip Code 97210-2861  
 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  
 01 / 22 / 2016  
**Transaction ID : C3C54D9B-EC64-407F-B**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

**B. Mathew Maccumber**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 N. Sheridan Road Suite 200  
 City Chicago State IL Zip Code 60657  
 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  
 01 / 07 / 2016  
**Transaction ID : EDA55B32-A83B-49B7-8**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

**C. Vasilis Makris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3300 W Purdue Ave  
 City Muncie State IN Zip Code 47304-6355  
 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  
 01 / 22 / 2016  
**Transaction ID : 3DBB51E2-AB21-492E-B**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<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. Raj Maturi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 W 103rd St, Ste 1060  
 City Indianapolis State IN Zip Code 46290-1092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 01 / 06 / 2016  
**Transaction ID : 93973679-F55E-4CBA-B**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date  
 1000.00

**B. Charles McCormick III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 Massachusetts Ave Unit 901  
 City Indianapolis State IN Zip Code 46204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 01 / 25 / 2016  
**Transaction ID : F79DDCA5-717D-44A6-B**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date  
 500.00

**C. Daniel Nadler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Hazel Ln Ste 102  
 City Sewickley State PA Zip Code 15143-1253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 01 / 07 / 2016  
**Transaction ID : 45CA0F08-6E7A-437A-B**  
 Amount of Each Receipt this Period  
 365.00  
 Aggregate Year-to-Date  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1865.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 20
	<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 Palmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3633 W Lake Ave Ste 301  
 City State Zip Code  
 Glenview IL 60026-5803  
 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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 07 / 2016  
**Transaction ID : A48AD834-6236-4276-B**  
 Amount of Each Receipt this Period  
 250.00

**B. Mark Peters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7460 SW Canyon Ln  
 City State Zip Code  
 Portland OR 97225-3732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 22 / 2016  
**Transaction ID : 61BBE39F-8A85-474A-B**  
 Amount of Each Receipt this Period  
 500.00

**C. Steven Rosenfeld**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16201 S Military Trl  
 City State Zip Code  
 Delray Beach FL 33484-6503  
 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  
 01 / 24 / 2016  
**Transaction ID : E745DA8C-3804-4928-A**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1115.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 20
	<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. Joseph Sidikaro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 435 N Roxbury Dr Ste 410  
 City State Zip Code  
 Beverly Hills CA 90210-5006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 08 / 2016  
**Transaction ID : 01B4CA73-7B43-409A-9**  
 Amount of Each Receipt this Period  
 500.00

**B. Gregory Skuta**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 608 Stanton L Young Blvd Rm 509  
 City State Zip Code  
 Oklahoma City OK 73104-5065  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 09 / 2016  
**Transaction ID : 5B80626C-0933-4428-8**  
 Amount of Each Receipt this Period  
 1000.00

**C. Brian Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 138 W Avon Pkwy  
 City State Zip Code  
 Asheville NC 28804-1410  
 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  
 01 / 31 / 2016  
**Transaction ID : F1C5B579-0BFA-4DCE-8**  
 Amount of Each Receipt this Period  
 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Scott Stice**  
Full Name (Last, First, Middle Initial)

Mailing Address 1309 Liberty St SE

City Salem State OR Zip Code 97302-4245

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  
01 / 06 / 2016  
Transaction ID : **A1259AE0-2F37-4BBF-A**

Amount of Each Receipt this Period  
365.00

**B. Vincent Sutton**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6068

City Lincoln State NE Zip Code 68506-0068

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  
01 / 28 / 2016  
Transaction ID : **02E295B2-D50F-49AF-8**

Amount of Each Receipt this Period  
1000.00

**C. Kristine Traustason**  
Full Name (Last, First, Middle Initial)

Mailing Address 64981 Highway 20

City Bend State OR Zip Code 97701-9101

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  
01 / 06 / 2016  
Transaction ID : **E0300BDF-9F06-41E6-A**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1865.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 20
	<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. George Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 227 Chestnut Cir  
 City Bloomfield Hills State MI Zip Code 48304-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2016  
**Transaction ID : E0E0FAAC-262C-4B0E-9**  
 Amount of Each Receipt this Period  
 1000.00

**B.**  
 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 / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**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 / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	24910.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Blumenthal for Connecticut**

Mailing Address 777 Summer Street Ste 103  
C/O Cacace Tusch & Santagata

City Stamford State CT Zip Code 06901

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Richard Blumenthal**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 05 / 2016

**Transaction ID : 1E790978A806AC595A0**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Raymond Eugene Green**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 20 / 2016

**Transaction ID : FBF8F4ABF1A806B6D2C**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Matsui for Congress**

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement  
2016 Primary

**011**  
Category/  
Type

Candidate Name

**Doris O. Matsui**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 20 / 2016

**Transaction ID : D895F38CCA82A1784BC**

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. Mike Crapo for US Senate**

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Michael Dean Crapo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ID District:

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

**Transaction ID : 12E9EAACA9ECAB1D65A**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Pallone for Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Frank Pallone Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

**Transaction ID : E3F17F865F0E71B6530**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. The Eye of the Tiger Political Action Committee**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement  
2016 Contribution

011

Category/  
Type

Candidate Name

**The Eye of the Tiger Political Action Committee**

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 20 / 2016

**Transaction ID : 9B7D1056EE532F5E6E8**

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)..... ▶

13500.00