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)

CITY ▲	STATE ▲	ZIP CODE ▲
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 MM / DD / YYYY in the State of

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

Election on MM / DD / YYYY in the State of

5. Covering Period 05 / 01 / 2016 through 05 / 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 07 / 18 / 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.

Office Use Only							

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: 05 / 01 / 2016 To: 05 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		288757.48
(b) Cash on Hand at Beginning of Reporting Period	291596.60	
(c) Total Receipts (from Line 19)	30538.83	268555.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	322135.43	557312.67
7. Total Disbursements (from Line 31)	45292.97	280470.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	276842.46	276842.46
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 05 / 01 / 2016 To: 05 / 01 / 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)	18020.72	205043.02
(ii) Unitemized	12518.11	58512.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	30538.83	263555.19
(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) ▶	30538.83	263555.19
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	5000.00
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)) ▶	30538.83	268555.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	30538.83	268555.19

DETAILED SUMMARY PAGE
of Disbursements

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

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	110.45	438.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	110.45	438.76
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	45000.00	266500.00
24. Independent Expenditures (use Schedule E)	0.00	13348.93
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	182.52	182.52
(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)) ▶	182.52	182.52
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))	45292.97	280470.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	45292.97	280470.21

DETAILED SUMMARY PAGE
of Disbursements

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

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	30538.83	263555.19
34. Total Contribution Refunds (from Line 28(d))	182.52	182.52
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30356.31	263372.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	110.45	438.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	110.45	438.76

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F3XA**
Transaction ID :

This amended report shows a corrected Cash on Hand at Beginning of Reporting Period and Cash on Hand at Close of Reporting Period.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

A. Full Name (Last, First, Middle Initial): Patrick Aiello
Mailing Address: 275 W 28th St
City: Yuma State: AZ Zip Code: 85364-7308
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: 416.65
Date of Receipt: 05 / 15 / 2016
Transaction ID : C949C3EE-FBEC-436E-B
Amount of Each Receipt this Period: 83.33
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): David Aizuss
Mailing Address: 16311 Ventura Blvd Ste 750
City: Encino State: CA Zip Code: 91436-4325
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: 05 / 11 / 2016
Transaction ID : BAFEDF16-6924-4723-A
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Louis Alpern
Mailing Address: 4171 N Mesa D-100
City: El Paso State: TX Zip Code: 79902-1400
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: 05 / 09 / 2016
Transaction ID : 999B76E5-1CC1-44A0-B
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2083.33

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Christopher Blodi
Mailing Address: 1501 50th St Ste 133
City: West Des Moines | State: IA | Zip Code: 50266-5920
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: 05 / 12 / 2016
Transaction ID : 6C029DCA-A731-4953-B
Amount of Each Receipt this Period: 365.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Keith Bourgeois
Mailing Address: 1315 St Joseph Pkwy Ste 1601
City: Houston | State: TX | Zip Code: 77002-8232
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: 05 / 09 / 2016
Transaction ID : 67512AE5-C290-4052-A
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Karyn Bourke
Mailing Address: 575 Rivergate Unit 212
City: Durango | State: CO | Zip Code: 81301-7488
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: 05 / 02 / 2016
Transaction ID : EDCFFE0D-3C90-4F50-B
Amount of Each Receipt this Period: 365.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1230.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial): Sander M Zeskin Cohen
Mailing Address: 509 S Lenola Rd Bldg 11
City: Moorestown State: NJ Zip Code: 08057-1556
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: 416.65
Date of Receipt: 05 / 15 / 2016
Transaction ID : F38937C9-E65F-41AA-8
Amount of Each Receipt this Period: 83.33
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): John Drouilhet
Mailing Address: 1329 Lusitana St Ste 502
City: Honolulu State: HI Zip Code: 96813-2412
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: 05 / 05 / 2016
Transaction ID : D6273AEE-A7F9-406B-8
Amount of Each Receipt this Period: 365.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): James Finegan
Mailing Address: 236 Roseberry St
City: Phillipsburg State: NJ Zip Code: 08865
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 333.32
Date of Receipt: 05 / 31 / 2016
Transaction ID : 5C7B95AC-78FF-4C5A-B
Amount of Each Receipt this Period: 83.33
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 531.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Gregory Ford
Mailing Address: 298 COTTONWOOD BND NW
City: CLEVELAND State: TN Zip Code: 37312-1742
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: 05 / 02 / 2016
Transaction ID : D5946028-B403-4ED9-9
Amount of Each Receipt this Period: 365.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Sidney Gicheru
Mailing Address: 4385 San Carlos Drive
City: Dallas State: TX Zip Code: 75205
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 811.69
Date of Receipt: 05 / 15 / 2016
Transaction ID : 511B51DC-3A1B-454E-A
Amount of Each Receipt this Period: 83.33
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Omar Hanuch
Mailing Address: 11 Greenwich Ln
City: Rochester State: NY Zip Code: 14618-2203
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: 05 / 02 / 2016
Transaction ID : 92DAB2CD-77EC-443A-B
Amount of Each Receipt this Period: 365.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 813.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Sebastian Heersink
Mailing Address: 2800 Ross Clark Cir
City: Dothan State: AL Zip Code: 36301-2040
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 208.35
Date of Receipt: 05 / 15 / 2016
Transaction ID : 1F793043-8611-4524-A
Amount of Each Receipt this Period: 41.67
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): G Baker Hubbard
Mailing Address: 950 Berkshire Road
City: Atlanta State: GA Zip Code: 30324
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: 05 / 15 / 2016
Transaction ID : F2E6B47B-303D-4988-9
Amount of Each Receipt this Period: 41.67
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Emilio Justo
Mailing Address: 6400 N 61st Place
City: Paradise Valley State: AZ Zip Code: 85253
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 ▼: 517.10
Date of Receipt: 05 / 15 / 2016
Transaction ID : 980842DA-5B1F-4A91-A
Amount of Each Receipt this Period: 30.42
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 113.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Craig Kliger
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: 333.32
Date of Receipt: 05 / 15 / 2016
Transaction ID : 5A79E90F-390E-4495-9
Amount of Each Receipt this Period: 41.67
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Adrian Lavina
Mailing Address: 3399 Pga Blvd Ste 350
City: Palm Beach Gardens State: FL Zip Code: 33410-2831
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: 416.65
Date of Receipt: 05 / 15 / 2016
Transaction ID : AED2AC0E-A298-4913-8
Amount of Each Receipt this Period: 83.33
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Mary Lawrence
Mailing Address: 19545 Hampshire Ct.
City: Prior Lake State: MN Zip Code: 55372
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 2083.35
Date of Receipt: 05 / 31 / 2016
Transaction ID : CF118E46-B253-4BBC-8
Amount of Each Receipt this Period: 416.67
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 541.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Leah Levi
Mailing Address: 427 Bristol Avenue
City: Cardiff State: CA Zip Code: 92007
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: 05 / 09 / 2016
Transaction ID : 07D890B8-3629-4B34-9
Amount of Each Receipt this Period: 365.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): David Levine
Mailing Address: 19271 Montgomery Village Ave Ste H
City: Montgomery Village State: MD Zip Code: 20886-5029
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: 05 / 04 / 2016
Transaction ID : 6B9091ED-7DE2-407C-B
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Brian Lueth
Mailing Address: 3930 Hoyt Ave
City: Everett State: WA Zip Code: 98201-6200
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: 05 / 15 / 2016
Transaction ID : 28024E5C-75F4-4B4D-A
Amount of Each Receipt this Period: 41.67
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 906.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[X] 11a [ ] 11b [ ] 11c [ ] 12
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Jennifer Lyons
Mailing Address: 3220 SW Sherwood Pl
City: Portland State: OR Zip Code: 97201-1402
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: 05/02/2016
Transaction ID : 24982DF3-4738-410D-8
Amount of Each Receipt this Period: 365.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Aaron Mack
Mailing Address: 150 Taylor Station Rd Ste 150
City: Columbus State: OH Zip Code: 43213-4440
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 208.31
Date of Receipt: 05/31/2016
Transaction ID : 673FF1CD-1A88-4CBA-A
Amount of Each Receipt this Period: 41.67
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Ben Mahan
Mailing Address: 926 N Jackson St
City: Tullahoma State: TN Zip Code: 37388-2300
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 402.10
Date of Receipt: 05/15/2016
Transaction ID : BA4BD2CC-325F-4CB2-8
Amount of Each Receipt this Period: 30.42
[ ] Memo Item

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

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

A. Full Name (Last, First, Middle Initial): Masud Malik
Mailing Address: 5 Acadia Dr.
City: S. Barrington State: IL Zip Code: 60010
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 833.30
Date of Receipt: 05 / 15 / 2016
Transaction ID : 1A5705FA-84ED-4E0B-A
Amount of Each Receipt this Period: 83.33
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Masud Malik
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 ▼: 833.30
Date of Receipt: 05 / 15 / 2016
Transaction ID : 5D0FA5D3-3CE9-49ED-A
Amount of Each Receipt this Period: 83.33
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Lisa Mansueto
Mailing Address: 1709 W. Glacier Way
City: Chandler State: AZ Zip Code: 85248
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: 05 / 03 / 2016
Transaction ID : F12503AC-D109-47AD-8
Amount of Each Receipt this Period: 365.00
[ ] Memo Item

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

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

A. Full Name (Last, First, Middle Initial): Sheron Marshall
Mailing Address: 7075 Campus Dr Ste 100
City: Colorado Springs State: CO Zip Code: 80920-6542
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: 05 / 15 / 2016
Transaction ID : 12BDCD43-887C-41FC-B
Amount of Each Receipt this Period: 41.67
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Thomas Marvelli
Mailing Address: 6273 Granbury Rd
City: Fort Worth State: TX Zip Code: 76133
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 ▼ 517.10
Date of Receipt: 05 / 15 / 2016
Transaction ID : 4CF18FDD-5BE4-4751-A
Amount of Each Receipt this Period: 30.42
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): J Kevin McKinney
Mailing Address: 1306 Division St
City: Oregon City State: OR Zip Code: 97045-1523
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: 05 / 16 / 2016
Transaction ID : D941A56E-ADD4-4695-A
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 572.09

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

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

A. Full Name (Last, First, Middle Initial): Robert Melendez
Mailing Address: 7227 CORRALES RD
City: CORRALES State: NM Zip Code: 87048
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 302.10
Date of Receipt: 05 / 31 / 2016
Transaction ID : AF558C08-79F2-4EDC-9
Amount of Each Receipt this Period: 30.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Robert Melendez
Mailing Address: 7227 CORRALES RD
City: CORRALES State: NM Zip Code: 87048
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 302.10
Date of Receipt: 05 / 31 / 2016
Transaction ID : F3C3A69C-CBAA-44E5-9
Amount of Each Receipt this Period: 30.42
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Michael Edward Edward Migliori
Mailing Address: 392 Rochambeau Avenue
City: Providence State: RI Zip Code: 02906
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: 416.65
Date of Receipt: 05 / 15 / 2016
Transaction ID : 35984674-41EA-453B-8
Amount of Each Receipt this Period: 83.33
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 143.75

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Darby Miller
Mailing Address: 108 Newport Ln
City: Ponte Vedra Beach | State: FL | Zip Code: 32082
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 ▼: 271.68

Date of Receipt: 05 / 31 / 2016
Transaction ID : 4431EE31-DFB6-42BF-9
Amount of Each Receipt this Period: 30.42
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Nina Nordgren
Mailing Address: 7332 N Seagrape Rd
City: Punta Gorda | State: FL | Zip Code: 33955
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: 05 / 31 / 2016
Transaction ID : 81D88B16-02E5-4718-A
Amount of Each Receipt this Period: 100.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Stephen Orr
Mailing Address: 8377 Lakewood Dr
City: Findlay | State: OH | Zip Code: 45840-8885
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1416.65

Date of Receipt: 05 / 15 / 2016
Transaction ID : 45B2993C-FDC1-4E39-9
Amount of Each Receipt this Period: 83.33
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 213.75

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Paul Pare
Mailing Address: 304 SE Hospital Ave
City: Stuart State: FL Zip Code: 34994
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: 05/03/2016
Transaction ID : 038C42C0-45B9-40B3-8
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Randall Peairs
Mailing Address: 200 Mifflin Ave
City: Scranton State: PA Zip Code: 18503
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: 05/16/2016
Transaction ID : BD7C175F-2139-4F32-8
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Dante Pieramici
Mailing Address: 515 E Micheltorena St Ste C
City: Santa Barbara State: CA Zip Code: 93103-4223
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: 05/03/2016
Transaction ID : 0D0EBB15-6EA9-4000-A
Amount of Each Receipt this Period: 500.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

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

A. Full Name (Last, First, Middle Initial): Enrica Rossi
Mailing Address: 1718 N Hudson Ave
City: Chicago State: IL Zip Code: 60614-5611
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 208.35
Date of Receipt: 05 / 15 / 2016
Transaction ID : 4716FC6E-B719-49B1-B
Amount of Each Receipt this Period: 41.67
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Mark Ruchman
Mailing Address: 1 Reservoir Ofc Park Ste 203
City: Southbury State: CT Zip Code: 06488-3926
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 208.35
Date of Receipt: 05 / 31 / 2016
Transaction ID : 02054B11-016B-472C-B
Amount of Each Receipt this Period: 41.67
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Richard Sherry
Mailing Address: 2500 Grubb Rd Ste 234
City: Wilmington State: DE Zip Code: 19810-4796
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 287.10
Date of Receipt: 05 / 15 / 2016
Transaction ID : B20C06D6-12D5-471D-8
Amount of Each Receipt this Period: 30.42
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 113.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): David Silbert
Mailing Address: 2104 Spring Valley Rd
City: Lancaster State: PA Zip Code: 17601-2427
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: 416.65
Date of Receipt: 05 / 15 / 2016
Transaction ID : A69A1477-B208-4B0D-B
Amount of Each Receipt this Period: 83.33
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Mitchell Brian Stein
Mailing Address: 69 S Moger Ave
City: Mount Kisco State: NY Zip Code: 10549-2217
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 304.20
Date of Receipt: 05 / 15 / 2016
Transaction ID : 5E7468DC-9BB6-471E-B
Amount of Each Receipt this Period: 30.42
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Mitchell Brian Stein
Mailing Address: 69 S Moger Ave
City: Mount Kisco State: NY Zip Code: 10549-2217
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 304.20
Date of Receipt: 05 / 15 / 2016
Transaction ID : 4279435F-3FD8-45DF-9
Amount of Each Receipt this Period: 30.42
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 144.17

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

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

A. Full Name (Last, First, Middle Initial): Gwen Sterns
Mailing Address: 1425 Portland Ave
City: Rochester State: NY Zip Code: 14621-3001
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: 05 / 05 / 2016
Transaction ID : 8D482E32-E577-4DE8-9
Amount of Each Receipt this Period: 365.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Clarissa Tendero
Mailing Address: 44688 Country Club Dr
City: El Macero State: CA Zip Code: 95618-1045
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: 05 / 02 / 2016
Transaction ID : 68463F20-D547-4D2F-A
Amount of Each Receipt this Period: 365.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Frank Terrell
Mailing Address: 150 North River Boulevard
City: Stephenville State: TX Zip Code: 76401
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: 05 / 16 / 2016
Transaction ID : DB8F9EC9-27FC-4591-8
Amount of Each Receipt this Period: 250.00
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 980.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Gregory Trubowitsch
Mailing Address: 741 Los Miradores Dr
City: El Paso | State: TX | Zip Code: 79912-3451
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 05 / 16 / 2016
Transaction ID : 550F76A0-C08E-4663-B
Amount of Each Receipt this Period: 5000.00
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): James Vander
Mailing Address: 4060 Butler Pike Ste 200
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: 1000.00
Date of Receipt: 05 / 02 / 2016
Transaction ID : 76F115DB-EE34-4895-A
Amount of Each Receipt this Period: 1000.00
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Alan Wagner
Mailing Address: 5520 Greenwich Rd Ste 204
City: Virginia Beach | State: VA | Zip Code: 23462-6541
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 284.75
Date of Receipt: 05 / 15 / 2016
Transaction ID : 3B3B1FF8-447E-44EF-8
Amount of Each Receipt this Period: 17.36
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 6017.36

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Ann Warn
Mailing Address: 6711 NW Oak Dale Dr
City: Lawton | State: OK | Zip Code: 73505-1261
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: 05 / 15 / 2016
Transaction ID : ED746D97-7AAA-4AE7-B
Amount of Each Receipt this Period: 41.67
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): Barry Welch
Mailing Address: 424 Yellowstone Ave Ste 110
City: Cody | State: WY | Zip Code: 82414-9309
FEC ID number of contributing federal political committee: C
Name of Employer: Self | Occupation: Ophthalmologist
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 416.69
Date of Receipt: 05 / 31 / 2016
Transaction ID : 0087FFBB-0C36-401D-B
Amount of Each Receipt this Period: 83.33
[ ] Memo Item

C. Full Name (Last, First, Middle Initial): Andrew Wherley
Mailing Address: 2399 Baker Rd SW
City: New Philadelphia | State: OH | Zip Code: 44663-7104
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: 05 / 05 / 2016
Transaction ID : 9497EA19-5F6F-4735-A
Amount of Each Receipt this Period: 365.00
[ ] Memo Item

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

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

A. Full Name (Last, First, Middle Initial): Byron Wilkes
Mailing Address: 17200 Chenal Parkway
City: Little Rock State: AR Zip Code: 72222
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: 05 / 15 / 2016
Transaction ID : D457A4A5-7474-4A9F-9
Amount of Each Receipt this Period: 41.67
[ ] Memo Item

B. Full Name (Last, First, Middle Initial): William Zeh
Mailing Address: 14559 Stonegate Ct
City: Carmel State: IN Zip Code: 46032
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: 05 / 02 / 2016
Transaction ID : 0722F824-E265-428B-9
Amount of Each Receipt this Period: 365.00
[ ] Memo Item

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
Amount of Each Receipt this Period:
[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 406.67

TOTAL This Period (last page this line number only) ▶ 18020.72

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A.
Full Name (Last, First, Middle Initial): Wells Fargo Bank N.A.
Mailing Address: PO Box 63020
City: San Francisco State: CA Zip Code: 94163
Purpose of Disbursement: Bank charges - May 2016
Category/Type: 001
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 05 / 31 / 2016
Transaction ID : 4436208083587654B76
Amount of Each Disbursement this Period: 110.45
[ ] Memo Item

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

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

SUBTOTAL of Disbursements This Page (optional) ▶ 110.45

TOTAL This Period (last page this line number only) ▶ 110.45

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial): America Works PAC
Mailing Address: PO Box 15293
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: 2016 Contribution
Category/Type: 011
Candidate Name: America Works PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 05 / 04 / 2016
Transaction ID : 164C269DF5A3959D8DB
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Becerra for Congress
Mailing Address: PO Box 71584
City: Los Angeles State: CA Zip Code: 90071
Purpose of Disbursement: 2016 Primary
Category/Type: 011
Candidate Name: Xavier Becerra
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 34
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 05 / 11 / 2016
Transaction ID : B1ADAE2800F36389C14
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Brad Ashford for Congress
Mailing Address: PO Box 24023
City: Omaha State: NE Zip Code: 68124
Purpose of Disbursement: 2016 General
Category/Type: 011
Candidate Name: Brad Ashford
Office Sought: ☒ House ☐ Senate ☐ President
State: NE District: 02
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: 05 / 25 / 2016
Transaction ID : 73FCE2D40BD1F1C1B85
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

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

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

A. Full Name (Last, First, Middle Initial): Collins for Congress
Mailing Address: PO Box 1295
City: Gainesville State: GA Zip Code: 30503
Purpose of Disbursement: 2016 Primary
Candidate Name: Douglas Allen Collins
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 09
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 11 / 2016
Transaction ID : 7EB8A40E7521C9E9E1C
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Dold for Congress
Mailing Address: PO Box 6312
City: Libertyville State: IL Zip Code: 60048
Purpose of Disbursement: 2016 General
Candidate Name: Robert James Dold Jr.
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 10
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 25 / 2016
Transaction ID : 2632806CE64E7636AE0
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Friends of Erik Paulsen
Mailing Address: PO Box 44369
250 Prairie Center Drive
City: Eden Prairie State: MN Zip Code: 55344
Purpose of Disbursement: 2016 Primary
Candidate Name: Erik Paulsen
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MN District: 03
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 11 / 2016
Transaction ID : E90C377E767866FA8C7
Amount of Each Disbursement this Period: 4000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial): Grassley Committee Inc
Mailing Address: PO Box 1000
City: Des Moines State: IA Zip Code: 50304-1000
Purpose of Disbursement: 2016 Primary
Candidate Name: Charles E. Grassley
Category/Type: 011
Office Sought: House [ ] Senate [X] President [ ]
State: IA District:
Disbursement For: 2016 Primary [X] General [ ] Other (specify) ▼
Date of Disbursement: 05 / 11 / 2016
Transaction ID : C074D3E66F7194E3120
Amount of Each Disbursement this Period: 2000.00
Memo Item [ ]

B. Full Name (Last, First, Middle Initial): Jenkins for Congress
Mailing Address: PO Box 727
City: Huntington State: WV Zip Code: 25711
Purpose of Disbursement: 2016 General
Candidate Name: Evan H. Jenkins
Category/Type: 011
Office Sought: House [X] Senate [ ] President [ ]
State: WV District: 03
Disbursement For: 2016 Primary [ ] General [X] Other (specify) ▼
Date of Disbursement: 05 / 25 / 2016
Transaction ID : 23738D1B1482C38773A
Amount of Each Disbursement this Period: 1000.00
Memo Item [ ]

C. Full Name (Last, First, Middle Initial): John Lewis for Congress
Mailing Address: PO Box 2323
City: Atlanta State: GA Zip Code: 30301
Purpose of Disbursement: 2016 Primary
Candidate Name: John Robert Lewis
Category/Type: 011
Office Sought: House [X] Senate [ ] President [ ]
State: GA District: 05
Disbursement For: 2016 Primary [X] General [ ] Other (specify) ▼
Date of Disbursement: 05 / 18 / 2016
Transaction ID : 45407493EFBB9A9B91A
Amount of Each Disbursement this Period: 2000.00
Memo Item [ ]

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial): Kurt Schrader for Congress
Mailing Address: PO Box 3314
City: Oregon City State: OR Zip Code: 97045
Purpose of Disbursement: 2016 General
Candidate Name: Kurt Schrader
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 05
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 11 / 2016
Transaction ID : A2CA3034CBBA721849F
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Kurt Schrader for Congress
Mailing Address: PO Box 3314
City: Oregon City State: OR Zip Code: 97045
Purpose of Disbursement: 2016 Primary
Candidate Name: Kurt Schrader
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 05
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 11 / 2016
Transaction ID : ACF21082D9F76A8B72C
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Lamborn for Congress
Mailing Address: PO Box 64107
City: Colorado Springs State: CO Zip Code: 80962
Purpose of Disbursement: 2016 Primary
Candidate Name: Douglas L. Lamborn
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: CO District: 05
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 25 / 2016
Transaction ID : 295813F98CB07CDBF03
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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

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

A. Full Name (Last, First, Middle Initial): Larson for Congress
Mailing Address: PO Box 261172
City: Hartford State: CT Zip Code: 06126-1172
Purpose of Disbursement: 2016 Primary
Candidate Name: John Barry Larson
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: CT District: 01
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 04 / 2016
Transaction ID : 9CEAC26295D524A6F44
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Nancy Pelosi for Congress
Mailing Address: 700 13th Street, NW Suite 600
City: Washington State: DC Zip Code: 20005
Purpose of Disbursement: 2016 General
Candidate Name: Nancy Pelosi
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 12
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 11 / 2016
Transaction ID : E73A7700828756A48D2
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): People for Ben
Mailing Address: PO Box 31129
City: Santa Fe State: NM Zip Code: 87594
Purpose of Disbursement: 2016 Primary
Candidate Name: Ben Ray Lujan
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NM District: 03
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 18 / 2016
Transaction ID : 9CC86A8DD92224ED697
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 8500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Pete Aguilar for Congress
Mailing Address: PO Box 10954
City: San Bernardino State: CA Zip Code: 92423
Purpose of Disbursement: 2016 Primary
Candidate Name: Peter Ray Aguilar
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 31
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 11 / 2016
Transaction ID : 85E47A78FF554697DEA
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Pete Sessions for Congress
Mailing Address: PO Box 823047
City: Dallas State: TX Zip Code: 75382-3047
Purpose of Disbursement: 2016 General
Candidate Name: Peter Anderson Sessions
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 32
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 11 / 2016
Transaction ID : 39F9FD2CBA9AD5688A4
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Reinventing a New Direction Political Action Committee
Mailing Address: PO Box 72598
City: Newport State: KY Zip Code: 41072
Purpose of Disbursement: 2016 Contribution
Candidate Name: Reinventing a New Direction Political Action Committee
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2016 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 05 / 11 / 2016
Transaction ID : CDE669809D435B86F3B
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 8000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Full Name (Last, First, Middle Initial): Ryan for Congress, Inc.
Mailing Address: PO Box 1488
City: Janesville State: WI Zip Code: 53547-1488
Purpose of Disbursement: 2016 General
Category/Type: 011
Candidate Name: Paul Davis Ryan Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: WI District: 01
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 04 / 2016
Transaction ID : 6152770878B844DD3E1
Amount of Each Disbursement this Period: 4000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Stivers for Congress
Mailing Address: 4679 Winterset Dr
City: Columbus State: OH Zip Code: 43220-8113
Purpose of Disbursement: 2016 General
Category/Type: 011
Candidate Name: Steve Stivers
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 15
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 11 / 2016
Transaction ID : 3CCE6A8E02C18A7C101
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): The Richard Burr Committee
Mailing Address: Post Office Box 5928
City: Winston-Salem State: NC Zip Code: 27113
Purpose of Disbursement: 2016 General
Category/Type: 011
Candidate Name: Richard M. Burr
Office Sought: ☐ House ☒ Senate ☐ President
State: NC District:
Disbursement For: 2016 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 / 25 / 2016
Transaction ID : DE94554339C970D05C6
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶ 45000.00