

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		209321.69
(b) Cash on Hand at Beginning of Reporting Period.....	209321.69	
(c) Total Receipts (from Line 19)	28583.35	28583.35
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	237905.04	237905.04
7. Total Disbursements (from Line 31).....	59.97	59.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	237845.07	237845.07
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

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 01 / 01 / 2015 To: 01 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23058.33	23058.33
(ii) Unitemized	5525.02	5525.02
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28583.35	28583.35
(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)	28583.35	28583.35
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))..... ▶	28583.35	28583.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28583.35	28583.35

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	59.97	59.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	59.97	59.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)) ..	59.97	59.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	59.97	59.97

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)	28583.35	28583.35
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28583.35	28583.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	59.97	59.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	59.97	59.97

**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 19
	<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	

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)

Full Name (Last, First, Middle Initial)
A. Jon Adleberg

Mailing Address 516 Innovation Dr Ste 101

City Chesapeake	State VA	Zip Code 23320-3866
--------------------	-------------	------------------------

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	/	13	/	2015

Transaction ID : CDE94512-727E-4720-8

Amount of Each Receipt this Period
250.00

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

Mailing Address 790 Concourse Pkwy S Ste 200

City Maitland	State FL	Zip Code 32751-6108
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	20	/	2015

Transaction ID : 0C3901E3-F1B2-41B6-8

Amount of Each Receipt this Period
365.00

Full Name (Last, First, Middle Initial)
C. Gregg Berdy

Mailing Address 12990 Manchester Rd Ste 200

City Des Peres	State MO	Zip Code 63131-1860
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2015

Transaction ID : 8A3170F4-F886-42FD-B

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	980.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Gregg Berdy

Mailing Address 12990 Manchester Rd Ste 200

City	State	Zip Code
Des Peres	MO	63131-1860

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 ▼ **730.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2015

Transaction ID : 083BE51B-2EEE-4EAB-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)
B. Janet Betchkal

Mailing Address 3 Shircliff Way Bldg Ste 134

City	State	Zip Code
Jacksonville	FL	32204-4757

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	/	D D	/	Y Y Y Y
01	/	02	/	2015

Transaction ID : 5C3F3C1B-F112-436A-9

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Louis Blumenfeld

Mailing Address 790 Concourse Pkwy S Ste 200

City	State	Zip Code
Maitland	FL	32751-6114

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	/	D D	/	Y Y Y Y
01	/	20	/	2015

Transaction ID : 655CBE1C-0650-4821-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional).....▶	1730.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<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) A. Famin Chou		Date of Receipt
Mailing Address 6 Woods Edge Court		<input type="text" value="01"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City Greenville	State SC	Zip Code 29615
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 67FB5847-4B61-46E0-A
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) B. Donald Cinotti		Date of Receipt
Mailing Address 600 Pavonia Ave Ste 6		<input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City Jersey City	State NJ	Zip Code 07306-2932
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 550CBD95-5C19-4E9F-B
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="416.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="416.67"/>		

Full Name (Last, First, Middle Initial) C. Jean Disseler		Date of Receipt
Mailing Address 1025 Maine Street		<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Quincy	State IL	Zip Code 62301
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 952E8889-B761-4379-8
Name of Employer Self		Amount of Each Receipt this Period
Occupation Ophthalmologist		<input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="365.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1281.67"/>
TOTAL 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: (check only one)	PAGE 9 OF 19
	<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. Paul Andrew Edwards
 Full Name (Last, First, Middle Initial)
 Mailing Address 4260 Apple Valley Lane
 City West Bloomfield State MI Zip Code 48323
 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 / 16 / 2015
Transaction ID : 8670A746-6608-4723-A
 Amount of Each Receipt this Period
 500.00

B. 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) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2015
Transaction ID : 93DBABDC-E38B-4B49-8
 Amount of Each Receipt this Period
 1000.00

C. Nataлка Fedorіw
 Full Name (Last, First, Middle Initial)
 Mailing Address 3301 Lake Ave
 City Fort Wayne State IN Zip Code 46805-5529
 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 M / D D D / Y Y Y Y Y Y
 01 / 07 / 2015
Transaction ID : F4B94D89-908F-4DB8-B
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19
	<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)

Full Name (Last, First, Middle Initial) A. Paul Finger		Date of Receipt
Mailing Address 115 E 61st St Apt 5B		<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
New York	NY	10065-8184
FEC ID number of contributing federal political committee.		Transaction ID : E21B8041-05B5-4922-A
<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. Bradley Dean Dean Fouraker		Date of Receipt
Mailing Address 4905 W Bay Way Pl		<input type="text" value="01"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code
Tampa	FL	33629-4833
FEC ID number of contributing federal political committee.		Transaction ID : 080286F4-A143-4A5D-9
<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) C. Mark Gallardo		Date of Receipt
Mailing Address 4755 Vista Del Monte St		<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
El Paso	TX	79922-2918
FEC ID number of contributing federal political committee.		Transaction ID : 0130D453-7E29-4ED7-9
<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) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
TOTAL 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: (check only one)	PAGE 11 OF 19
	<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. Sidney Gicheru
Full Name (Last, First, Middle Initial)

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 ▼ 208.33

Date of Receipt
01 / 15 / 2015
Transaction ID : **CDF93DBC-C4B6-4619-9**

Amount of Each Receipt this Period
208.33

B. Andrew Gillies
Full Name (Last, First, Middle Initial)

Mailing Address 980 Washington St Ste 120

City Dedham State MA Zip Code 02026-6704

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
01 / 07 / 2015
Transaction ID : **C69E4EBA-8D65-4B2B-B**

Amount of Each Receipt this Period
250.00

C. Robert Gold
Full Name (Last, First, Middle Initial)

Mailing Address 790 Concourse Parkway South Suite

City Maitland State FL Zip Code 32751

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 / 20 / 2015
Transaction ID : **01B52B41-704B-42C0-B**

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 823.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Paul Gulbas
Full Name (Last, First, Middle Initial)

Mailing Address 1201 N Mesa

City El Paso State TX Zip Code 79902

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 / D D / Y Y Y Y Y Y
 01 / 07 / 2015

Transaction ID : 89ECDF4-3E5A-4573-B

Amount of Each Receipt this Period
 500.00

B. Cynthia Hampton
Full Name (Last, First, Middle Initial)

Mailing Address 238 Saddletree Rd

City Oxford State NC Zip Code 27565

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 / D D / Y Y Y Y Y Y
 01 / 09 / 2015

Transaction ID : 56510965-8C4E-43CF-9

Amount of Each Receipt this Period
 500.00

C. Kristen Hawthorne
Full Name (Last, First, Middle Initial)

Mailing Address 101 Colorado St. #703

City Austin State TX Zip Code 78701

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 / D D / Y Y Y Y Y Y
 01 / 07 / 2015

Transaction ID : 150A5FAA-FE7E-49DB-8

Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

A. Jeffrey Heier
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 Staniford St, Ste 600
 City Boston State MA Zip Code 02114-2587
 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 / 16 / 2015
Transaction ID : D991D35C-0688-436F-8
 Amount of Each Receipt this Period
 1000.00

B. Craig King
 Full Name (Last, First, Middle Initial)
 Mailing Address 3209 N 4th St Ste 100
 City Longview State TX Zip Code 75605-5170
 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 / 09 / 2015
Transaction ID : 4146C6D4-0252-4891-A
 Amount of Each Receipt this Period
 365.00

C. Harry Lebowitz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3501 Silverside Rd
 City Wilmington State DE Zip Code 19810-4910
 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 / 07 / 2015
Transaction ID : 858A48B5-FCC3-4AFA-A
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2365.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19
	<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. Eligijus Lelis
 Full Name (Last, First, Middle Initial)
 Mailing Address 14488 Hawthorn Dr
 City Lemont State IL Zip Code 60439
 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 / 2015
Transaction ID : 14A8C2BF-0DC4-4F18-9
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

B. McGregor Lott
 Full Name (Last, First, Middle Initial)
 Mailing Address 413 Lister Street
 City Waycross State GA Zip Code 31501
 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 / 04 / 2015
Transaction ID : CE16F117-BC2C-47EA-A
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 365.00

C. Ranjan Malhotra
 Full Name (Last, First, Middle Initial)
 Mailing Address 12990 Manchester Rd Ste 200
 City Saint Louis State MO Zip Code 63131-1860
 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 / 22 / 2015
Transaction ID : E79AF803-2E3A-41D1-9
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 730.00

SUBTOTAL of Receipts This Page (optional).....▶	1095.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ranjan Malhotra
Full Name (Last, First, Middle Initial)

Mailing Address 12990 Manchester Rd Ste 200

City Saint Louis	State MO	Zip Code 63131-1860
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	27	/	2015

Transaction ID : 0F5FF9D1-49F5-4F94-8

Amount of Each Receipt this Period
365.00

B. Janet Neigel
Full Name (Last, First, Middle Initial)

Mailing Address 254 Columbia Turnpike, Suite 200

City Florham Park	State NJ	Zip Code 07932
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
--------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	13	/	2015

Transaction ID : B42D5016-6A8A-441A-8

Amount of Each Receipt this Period
500.00

C. David Parke III
Full Name (Last, First, Middle Initial)

Mailing Address 2900 Thomas Ave S Apt 2218

City Minneapolis	State MN	Zip Code 55416-4153
---------------------	-------------	------------------------

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
01	/	15	/	2015

Transaction ID : A866B6F6-946A-4348-A

Amount of Each Receipt this Period
365.00

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	FOR LINE NUMBER: (check only one)	PAGE 16 OF 19
	<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) A. John Peters		Date of Receipt MM / DD / YYYY 01 / 07 / 2015 Transaction ID : 2E557118-56C0-4695-9
Mailing Address 8111 Dodge St		Amount of Each Receipt this Period 365.00
City Omaha	State NE	Zip Code 68114-4129
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. Thomas Russell		Date of Receipt MM / DD / YYYY 01 / 21 / 2015 Transaction ID : 8610F376-97EF-407E-A
Mailing Address 2801 Lemmon Ave Ste 310		Amount of Each Receipt this Period 500.00
City Dallas	State TX	Zip Code 75204-0355
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	

Full Name (Last, First, Middle Initial) C. Thomas Samuelson		Date of Receipt MM / DD / YYYY 01 / 02 / 2015 Transaction ID : F337427A-87C5-4DCC-9
Mailing Address 4700 Old Kent Road		Amount of Each Receipt this Period 500.00
City Deephaven	State MN	Zip Code 55331
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	

SUBTOTAL of Receipts This Page (optional).....▶	1365.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 19
	<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. Gregory Skuta
Full Name (Last, First, Middle Initial)

Mailing Address 1516 Sweetbriar Court

City Edmond State OK Zip Code 73034

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 / 01 / 2015
Transaction ID : 9D8F8E51-9C9B-48A3-9

Amount of Each Receipt this Period 1000.00

B. Cameron Stone
Full Name (Last, First, Middle Initial)

Mailing Address 21 Medical Park Dr

City Asheville State NC Zip Code 28803-2493

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.33

Date of Receipt 01 / 15 / 2015
Transaction ID : 4B1E4EBC-227F-41A8-8

Amount of Each Receipt this Period 208.33

C. 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 / 07 / 2015
Transaction ID : CEA6F550-A03B-49C4-B

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2208.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 19
	<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. Clarissa Tendero
 Full Name (Last, First, Middle Initial)
 Mailing Address 44688 Country Club Dr
 City State Zip Code
 El Macero CA 95618-1045
 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 / 07 / 2015
Transaction ID : 87319A6B-ED31-4707-B
 Amount of Each Receipt this Period
 365.00

B. Victor Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 790 Concourse Pkwy S Ste 200
 City State Zip Code
 Maitland FL 32751-6108
 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 / 20 / 2015
Transaction ID : 17CF3F28-6F57-4204-B
 Amount of Each Receipt this Period
 365.00

C. Russell Van Gelder
 Full Name (Last, First, Middle Initial)
 Mailing Address 7525 Mercer Terrace Dr
 City State Zip Code
 Mercer Island WA 98040-5531
 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 ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2015
Transaction ID : 668AAF4B-6100-41F5-8
 Amount of Each Receipt this Period
 2500.00

SUBTOTAL of Receipts This Page (optional).....▶	3230.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 19
	<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. Ann Warn
 Full Name (Last, First, Middle Initial)
 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 ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 07 / 2015
Transaction ID : 54740F50-EDC0-461B-B
 Amount of Each Receipt this Period
 500.00

B. John Wells III
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Sunset Ct
 City West Columbia State SC Zip Code 29169-2429
 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 / 26 / 2015
Transaction ID : 11471A60-4B3E-4199-9
 Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	23058.33