

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) 655 Beach Street Check if different than previously reported. (ACC) San Francisco CA 94109

2. FEC IDENTIFICATION NUMBER C C00196246 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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

5. Covering Period 06 01 2015 through 06 30 2015

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 16 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="209321.69"/>	<input type="text" value="209321.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="292298.88"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="11724.16"/>	<input type="text" value="275066.11"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="304023.04"/>	<input type="text" value="484387.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="68085.56"/>	<input type="text" value="248450.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="235937.48"/>	<input type="text" value="235937.48"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8664.86	228609.46
(ii) Unitemized .....	3059.30	46456.65
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11724.16	275066.11
(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) .....	11724.16	275066.11
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))..... ▶	11724.16	275066.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11724.16	275066.11

**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 .....	85.56	422.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	85.56	422.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68000.00	247500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	527.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	527.50
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	68085.56	248450.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	68085.56	248450.32

**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) .....	11724.16	275066.11
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	527.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11724.16	274538.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	85.56	422.82
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	85.56	422.82

**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 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Husam Ansari**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Parker Rd  
 City Needham State MA Zip Code 02494-2001  
 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  
 06 / 08 / 2015  
**Transaction ID : A61E0EBB-4BA5-4DC4-8**  
 Amount of Each Receipt this Period  
 365.00

**B. Joe Arterberry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 224 E Broadway, Suite 110  
 City Louisville State KY Zip Code 40202-2016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : 24C37138-C8C9-434D-A**  
 Amount of Each Receipt this Period  
 41.67

**C. Ray Balyeat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 S Wheeling Ave Ste 400  
 City Tulsa State OK Zip Code 74104-5641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : FC8A09EF-218D-413C-8**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	506.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Ray Balyeat**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 S Wheeling Ave Ste 400  
 City State Zip Code  
 Tulsa OK 74104-5641  
 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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : 6E79C88C-07D6-4ACD-8**  
 Amount of Each Receipt this Period  
 100.00

**B. Thomas Beardsley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Medical Park Dr  
 City State Zip Code  
 Asheville NC 28803-2493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2015  
**Transaction ID : D15256E7-BE79-4972-9**  
 Amount of Each Receipt this Period  
 500.00

**C. David Bogorad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2509 Walton Way  
 City State Zip Code  
 Augusta GA 30904-4561  
 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 ▼  
 317.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : CDEAB482-04DB-48CF-9**  
 Amount of Each Receipt this Period  
 30.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	630.42
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

**A. David Bogorad**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2509 Walton Way  
 City Augusta State GA Zip Code 30904-4561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 317.48

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : 66C10517-ABAB-45E1-A**  
 Amount of Each Receipt this Period  
 30.42

**B. William Bridges Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Medical Park Dr  
 City Asheville State NC Zip Code 28803-2493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.48

Date of Receipt  
 06 / 01 / 2015  
**Transaction ID : 56F9BFB9-DCC2-494D-8**  
 Amount of Each Receipt this Period  
 111.08

**C. William Bridges Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Medical Park Dr  
 City Asheville State NC Zip Code 28803-2493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.48

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : 45CB4414-9844-4B97-A**  
 Amount of Each Receipt this Period  
 111.08

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	252.58
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Donald Cinotti**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 Pavonia Ave Ste 6

City Jersey City	State NJ	Zip Code 07306-2932
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : ADCCB416-2913-4FFA-A**

Amount of Each Receipt this Period  
416.67

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

Mailing Address 613 Del Prado Blvd

City Cape Coral	State FL	Zip Code 33990
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : 4C99E90D-2F62-4172-A**

Amount of Each Receipt this Period  
41.67

**C. John Drouilhet**  
Full Name (Last, First, Middle Initial)

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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : 281FA452-7265-487A-9**

Amount of Each Receipt this Period  
365.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	823.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. James Finegan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 Roseberry St  
 City Phillipsburg State NJ Zip Code 08865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.67

Date of Receipt  
 06 / 15 / 2015  
**Transaction ID : 64CFCFB4-787D-44DE-9**  
 Amount of Each Receipt this Period  
 83.33

**B. James Finegan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 Roseberry St  
 City Phillipsburg State NJ Zip Code 08865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.67

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : 3D67CF93-2FE5-4A8B-B**  
 Amount of Each Receipt this Period  
 83.33

**C. Martin Fishman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 431 Monterey Ave Ste 3  
 City Los Gatos State CA Zip Code 95030-5319  
 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  
 06 / 03 / 2015  
**Transaction ID : 977E07F6-A037-4A55-8**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	666.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Sidney Gicheru**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 440 W Lbj Fwy Ste 300  
 City Irving State TX Zip Code 75063-3841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 06 / 15 / 2015  
**Transaction ID : 7F79B291-EDAB-48E2-A**  
 Amount of Each Receipt this Period  
 208.33  
 Aggregate Year-to-Date  
 1250.02

**B. Michael Gilbert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12301 NE 10th Pl Ste 200  
 City Bellevue State WA Zip Code 98005-2487  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 06 / 15 / 2015  
**Transaction ID : CAB2DFC5-E896-466E-9**  
 Amount of Each Receipt this Period  
 83.33  
 Aggregate Year-to-Date  
 500.02

**C. Vamsi Gullapalli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2330 Troop Dr Unit 104  
 City Sartell State MN Zip Code 56377-4580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 06 / 15 / 2015  
**Transaction ID : FF76F4B6-E58D-4147-A**  
 Amount of Each Receipt this Period  
 100.00  
 Aggregate Year-to-Date  
 600.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	391.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Vamsi Gullapalli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2330 Troop Dr Unit 104  
 City Sartell State MN Zip Code 56377-4580  
 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  
 06 / 30 / 2015  
**Transaction ID : 1A60605F-EF35-4B5B-9**  
 Amount of Each Receipt this Period  
 100.00  
 Aggregate Year-to-Date ▼  
 600.00

**B. Jean Hausheer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 NW Burr Oak Dr  
 City Lawton State OK Zip Code 73507-8923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : 600A823A-B7DE-4522-A**  
 Amount of Each Receipt this Period  
 41.67  
 Aggregate Year-to-Date ▼  
 750.02

**C. Stephen Higgins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3412 W Centre Ave  
 City Portage State MI Zip Code 49024-4624  
 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  
 06 / 15 / 2015  
**Transaction ID : 63FCFC9E-1745-42D7-A**  
 Amount of Each Receipt this Period  
 41.67  
 Aggregate Year-to-Date ▼  
 250.02

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	183.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

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

Mailing Address 120 Dudley St Ste 303

City Providence State RI Zip Code 02905-2429

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 ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : 500E50C7-8D68-4E08-9**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Johanna Jensen**

Mailing Address 1615 12th Ave Rd Ste A

City Nampa State ID Zip Code 83686-6184

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  
**06 / 02 / 2015**

**Transaction ID : A0A4EB17-CABB-41DB-B**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. Leslie Jones**

Mailing Address 8477 Indian Paintbrush Way

City Lorton State VA Zip Code 22079-5610

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.67**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 01 / 2015**

**Transaction ID : B202B030-9CBE-4237-9**

Amount of Each Receipt this Period  
**41.67**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>641.67</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 36
	<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)**

**A. Leslie Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 8477 Indian Paintbrush Way

City Lorton State VA Zip Code 22079-5610

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.67

Date of Receipt  
06 / 01 / 2015  
**Transaction ID : C9A6CBAC-41BD-4262-B**

Amount of Each Receipt this Period  
41.67

**B. Leslie Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 8477 Indian Paintbrush Way

City Lorton State VA Zip Code 22079-5610

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.67

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : C2E8F972-6170-4D99-9**

Amount of Each Receipt this Period  
41.67

**C. Leslie Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 8477 Indian Paintbrush Way

City Lorton State VA Zip Code 22079-5610

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.67

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : 32E30C1D-E55A-48BF-A**

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Henry Kaplan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 E Muhammad Ali Blvd  
 City Louisville State KY Zip Code 40202-1511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 06 / 15 / 2015  
**Transaction ID : 9FCFCC6C-8CA9-4BF8-9**  
 Amount of Each Receipt this Period  
 41.67

**B. Henry Kaplan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 301 E Muhammad Ali Blvd  
 City Louisville State KY Zip Code 40202-1511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
 06 / 15 / 2015  
**Transaction ID : 60037F37-EFA9-450C-9**  
 Amount of Each Receipt this Period  
 41.67

**C. Kenneth Kato**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 Fleischmann Rd  
 City Tallahassee State FL Zip Code 32308-4599  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.02

Date of Receipt  
 06 / 15 / 2015  
**Transaction ID : D8B10D81-4C41-40F9-B**  
 Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.01  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Judith Kirby**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4209 Bordeaux Ave  
 City Dallas State TX Zip Code 75205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : B3615758-1C3C-40BF-9**  
 Amount of Each Receipt this Period  
 41.67  
 Aggregate Year-to-Date ▼  
 250.02

**B. Craig Kliger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Galewood Cir  
 City San Francisco State CA Zip Code 94131-1132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : 431C133E-C9A1-44D7-9**  
 Amount of Each Receipt this Period  
 41.67  
 Aggregate Year-to-Date ▼  
 249.98

**C. Craig Kliger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Galewood Cir  
 City San Francisco State CA Zip Code 94131-1132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : 2818C709-9A91-48E2-8**  
 Amount of Each Receipt this Period  
 41.67  
 Aggregate Year-to-Date ▼  
 249.98

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.01  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) <b>A. Karanjit Kooner</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2015 <b>Transaction ID : 7E6809F6-0A06-4422-8</b>
Mailing Address 5323 Harry Hines Blvd		Amount of Each Receipt this Period 500.00
City Dallas	State TX	Zip Code 75390-9057
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Julie Lee</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2015 <b>Transaction ID : CA0223EE-307A-449C-9</b>
Mailing Address 3950 Kresge Way Ste 105		Amount of Each Receipt this Period 83.33
City Louisville	State KY	Zip Code 40207-4637
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 249.99
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Paul Lee</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2015 <b>Transaction ID : 7A27ED68-1A2C-4CCF-8</b>
Mailing Address 1000 Wall St		Amount of Each Receipt this Period 500.00
City Ann Arbor	State MI	Zip Code 48105-1912
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Self	Occupation Ophthalmologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1083.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Masud Malik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3865 N Mulford Rd  
 City Rockford State IL Zip Code 61114-5603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **499.96**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : E601C16C-8E06-4481-9**  
 Amount of Each Receipt this Period  
**83.33**

**B. Masud Malik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3865 N Mulford Rd  
 City Rockford State IL Zip Code 61114-5603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **499.96**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : 18A7E6BA-7A34-4C6D-A**  
 Amount of Each Receipt this Period  
**83.33**

**C. Mark Mandel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1237 B St  
 City Hayward State CA Zip Code 94541-2915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **333.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : B05E373B-2F44-4046-A**  
 Amount of Each Receipt this Period  
**83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>249.99</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial)  
**A. Mark Mandel**

Mailing Address 1237 B St

City State Zip Code  
Hayward CA 94541-2915

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 ▼  
333.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : EA12B6B6-995B-4414-A**

Amount of Each Receipt this Period  
83.33

Full Name (Last, First, Middle Initial)  
**B. Benjamin Mason**

Mailing Address 3108 Waterbury Dr

City State Zip Code  
Cedar Falls IA 50613-1514

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 ▼  
249.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015

**Transaction ID : F8EC02AD-6425-401C-8**

Amount of Each Receipt this Period  
41.63

Full Name (Last, First, Middle Initial)  
**C. Michael Edward Edward Migliori**

Mailing Address One Hoppin St  
Suite 202

City State Zip Code  
Providence RI 02903

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

Name of Employer Occupation  
Self Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : 882FD09D-CE92-485B-A**

Amount of Each Receipt this Period  
166.70

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	291.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial)  
**A. Aaron Miller**

Mailing Address 1699 Research Forest Dr Ste 150

City Shenandoah	State TX	Zip Code 77380-2792
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**612.51**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

**Transaction ID : 7CF23693-5456-49EF-B**

Amount of Each Receipt this Period  
**4.17**

Full Name (Last, First, Middle Initial)  
**B. William Rich III**

Mailing Address 6231 Leesburg Pike Ste 608

City Falls Church	State VA	Zip Code 22044-2102
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**333.32**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	15	/	2015

**Transaction ID : D3DE7F5D-F881-45EF-A**

Amount of Each Receipt this Period  
**83.33**

Full Name (Last, First, Middle Initial)  
**C. William Rich III**

Mailing Address 6231 Leesburg Pike Ste 608

City Falls Church	State VA	Zip Code 22044-2102
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**333.32**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06	/	30	/	2015

**Transaction ID : 22DE700C-E135-46BF-B**

Amount of Each Receipt this Period  
**83.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>170.83</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Jerry Sebag**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7677 Center Ave Ste 400  
 City Huntington Beach State CA Zip Code 92647-3098  
 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 ▼ 564.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2015  
**Transaction ID : B7AFD371-8161-4679-B**  
 Amount of Each Receipt this Period  
 199.00

**B. Prem Subramanian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 600 N Wolfe St, Woods 457  
 City Baltimore State MD Zip Code 21287-0005  
 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 ▼ 249.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : 65514F45-D817-456E-A**  
 Amount of Each Receipt this Period  
 41.67

**C. Gary Tanner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Jacobs Ln  
 City Newport News State VA Zip Code 23606-2815  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2015  
**Transaction ID : D00EDC6F-9DF0-4C06-B**  
 Amount of Each Receipt this Period  
 41.63

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	282.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Miguel Torres**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2225 Ponce By Pass Suite 802  
 City Ponce State PR Zip Code 00717  
 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 ▼ 249.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : 74C8DA32-30D1-4E2C-9**  
 Amount of Each Receipt this Period  
 41.63

**B. Randall Tozer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9811 N 95th St Ste 101  
 City Scottsdale State AZ Zip Code 85258-4527  
 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  
 06 / 08 / 2015  
**Transaction ID : 80E7583F-E039-487C-8**  
 Amount of Each Receipt this Period  
 365.00

**C. Alan Wagner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5520 Greenwich Rd Ste 204  
 City Virginia Beach State VA Zip Code 23462-6541  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : FA42E97F-01DF-4B25-9**  
 Amount of Each Receipt this Period  
 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	489.96
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 36
	<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)**

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

Mailing Address 18 Old Stone Xing

City West Hartford State CT Zip Code 06117-1859

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 01 / 2015**

**Transaction ID : 1C6A9D12-437C-4A6F-8**

Amount of Each Receipt this Period  
**41.67**

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

Mailing Address 18 Old Stone Xing

City West Hartford State CT Zip Code 06117-1859

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : A5F2F4EF-CE20-44C0-A**

Amount of Each Receipt this Period  
**41.67**

**C. Aaron Weingeist**  
Full Name (Last, First, Middle Initial)

Mailing Address 4717 53rd Ave S

City Seattle State WA Zip Code 98118-1640

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  
**06 / 15 / 2015**

**Transaction ID : C98C661D-D7CD-459E-9**

Amount of Each Receipt this Period  
**93.75**

**SUBTOTAL** of Receipts This Page (optional)..... ► **177.09**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Barry Welch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 424 Yellowstone Ave Ste 110  
 City State Zip Code  
 Cody WY 82414-9309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Ophthalmologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 249.99

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : FCCD763F-BA58-43DD-8**  
 Amount of Each Receipt this Period  
 83.33

**B. Charles Wesley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1321 HELFORD LN  
 City State Zip Code  
 CARMEL IN 46032  
 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  
 06 / 05 / 2015  
**Transaction ID : 1C10476B-4C29-487B-8**  
 Amount of Each Receipt this Period  
 365.00

**C. Jeffrey Whitman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2801 Lemmon Ave Ste 400  
 City State Zip Code  
 Dallas TX 75204-2399  
 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  
 06 / 01 / 2015  
**Transaction ID : D2F97462-F5D6-458E-A**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1448.33
<b>TOTAL</b> This Period (last page this line number only).....▶	8664.86

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Wells Fargo Bank N.A.**

Mailing Address PO Box 63020

City San Francisco State CA Zip Code 94163

Purpose of Disbursement  
Bank charges - Jun 2015

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

Transaction ID : C0355D49F0FC92A94ED

Amount of Each Disbursement this Period

85.56
-------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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

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

85.56
-------

85.56
-------

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Ami Bera for Congress**

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Ameriash B. Bera**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2015

**Transaction ID : 0C9A2301CBACD10258B**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Benishek for Congress, Inc.**

Mailing Address PO Box 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Daniel J. Benishek**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

**Transaction ID : 0F4DD5524D4FBBF5B27**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Bucshon for Congress**

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Larry Dean Bucshon**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

**Transaction ID : 1832DF65BA31E09CC82**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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. David Scott for Congress**

Mailing Address PO Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**David Albert Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

**Transaction ID : 9DD95E16FA16121E33B**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Devin G. Nunes**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

**Transaction ID : 14B7946744B6D45D201**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Dr Brian Babin for Congress**

Mailing Address PO Box 159

City Woodville State TX Zip Code 75979

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Brian Babin**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

**Transaction ID : D617422050361164232**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 3433

City State Zip Code  
Palm Desert CA 92261

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Raul Ruiz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

**Transaction ID : CECAEF69CAF914F64DB**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends for Jim McDermott**

Mailing Address PO Box 21786

City State Zip Code  
Seattle WA 98111

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**James A. McDermott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

**Transaction ID : 34A3CAA3354C1B14820**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Friends of Jim Clyburn**

Mailing Address Post Office Box 12567

City State Zip Code  
Columbia SC 29211

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**James E. Clyburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

**Transaction ID : 103E98D0551766D3E1D**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0
4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0
4	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Friends of Joe Heck Congress**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Joseph John Heck Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

**Transaction ID : F4EABB76858274B73AC**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road  
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**John Andrew Boehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

**Transaction ID : BF019AF357D251D0114**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Georgians for Isakson**

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement  
2016 General

011

Candidate Name

**Johnny H. Isakson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

**Transaction ID : EBCE61F89B4F879C1FC**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Hoyer for Congress**

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Steny Hamilton Hoyer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	5

**Transaction ID : 033F0E4389A25E41F2C**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Jeff Merkley for Oregon**

Mailing Address PO Box 14172

City Portland State OR Zip Code 97293

Purpose of Disbursement  
2020 Primary

011

Candidate Name

**Jeffery A. Merkley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

**Transaction ID : CE8B21554785C4C7FAB**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Jeff Merkley for Oregon**

Mailing Address PO Box 14172

City Portland State OR Zip Code 97293

Purpose of Disbursement  
Void ck issued on 6/1/15.

011

Candidate Name

**Jeffery A. Merkley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	5

**Transaction ID : 2EDC6654535F2FBBE13**

Amount of Each Disbursement this Period

-	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Jeff Miller for Congress**

Mailing Address PO Box 126

City Pensacola State FL Zip Code 32591

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Jefferson B. Miller**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: FL District: 01

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

**Transaction ID : 39D1BE806717FEF9B74**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Jenkins for Congress**

Mailing Address PO Box 727

City Huntington State WV Zip Code 25711

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Evan H. Jenkins**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

**Transaction ID : F7AE4987D9BB15408CC**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Johnson for Congress**

Mailing Address PO Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**William L. Johnson**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

**Transaction ID : C7AA25CF694F766B167**

Amount of Each Disbursement this Period

2500.00

**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)

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

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. Julia Brownley for Congress**

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Julia Brownley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2015

**Transaction ID : 0BE10DC40001CE6DF63**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389-2667

Purpose of Disbursement  
void ck issued on 5/20/15.

011

Category/  
Type

Candidate Name

**Kevin Owen McCarthy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY  
06 / 16 / 2015

**Transaction ID : 38840E1BA085172CD1E**

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

**C. Kind for Congress Committee**

Mailing Address 3061 Edgewater Ln

City La Crosse State WI Zip Code 54603

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Ronald James Kind**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2015

**Transaction ID : FA4475E73DF1F77D238**

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Kurt Schrader for Congress**

Mailing Address PO Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Kurt Schrader**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

**Transaction ID : E635AE60823B0260819**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. McConnell Senate Committee**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
2020 Primary

011

Category/  
Type

Candidate Name

**Mitch McConnell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

**Transaction ID : 234068395024F4C8CB0**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Nancy Pelosi for Congress**

Mailing Address 700 13th Street, NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Nancy Pelosi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

**Transaction ID : AD094D1304860583DC8**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

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

8	5	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Pallone for Congress**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Frank Pallone Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

**Transaction ID : 6C0BA1DE72460A770E9**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Pascrell for Congress**

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**William James Pascrell Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NJ District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

**Transaction ID : 039D568C6297021C023**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Pat Meehan for Congress**

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063-3531

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patrick L. Meehan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

**Transaction ID : 03E502F5F6AE3A8D104**

Amount of Each Disbursement this Period

3000.00

**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)

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

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. Pat Meehan for Congress**

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063-3531

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Patrick L. Meehan**

Office Sought:  House  
 Senate  
 President  
State: PA District: 07

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 288C65A8A7BFC52B743**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Paul Tonko for Congress**

Mailing Address 911 Central Avenue  
# 221

City Albany State NY Zip Code 12206

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Paul David Tonko**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : FCAE3C3C67F677316BF**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Roskam for Congress Committee**

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
2016 Primary

Category/  
Type

Candidate Name

**Peter James Roskam**

Office Sought:  House  
 Senate  
 President  
State: IL District: 06

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 5AB9852DB9AFD9433D2**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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. The Richard Burr Committee**

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Richard M. Burr**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY  
06 / 10 / 2015

Transaction ID : E75208EFF21486DD067

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Tiberi for Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patrick Joseph Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : 78E4CBF3B6D214FE9B0

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Tuesday Group Political Action Committee**

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Contribution

011

Candidate Name

**Tuesday Group Political Action Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2015

Transaction ID : 15F5DAE92B58B4B3639

Amount of Each Disbursement this Period

5000.00

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

9000.00

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

68000.00