

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
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2016 JUL 19 AM 10:12

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

National Association of Vision Care Plans  
Political Action Committee

ADDRESS (number and street) 3774 Lavista Road  
Suite 101  
Tucker GA 30084

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

000015094

3. IS THIS REPORT  NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:	<input checked="" type="checkbox"/> April 15 Quarterly Report (Q1)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	<input type="checkbox"/> July 15 Quarterly Report (Q2)		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	<input type="checkbox"/> October 15 Quarterly Report (Q3)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
<input type="checkbox"/> January 31 Year-End Report (YE)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) (MY)			Convention (12C)	Special (12S)		
<input type="checkbox"/> Termination Report (TER)			Election on M M / D D / 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 / D D / Y Y Y Y		in the State of	

5. Covering Period 01 01 2016 through 03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer ERICH STEINBERG  
Signature of Treasurer  Date 07 15 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name National Association of Vision Care  
Plans Political Action Committee

Report Covering the Period: From: 01 ' 01 ' 2016 To: 03 ' 31 ' 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2016</u>	0	0
(b) Cash on Hand at Beginning of Reporting Period.....	0	0
(c) Total Receipts (from Line 19).....	1,120. <sup>01</sup>	1,120. <sup>01</sup>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1,120. <sup>01</sup>	1,120. <sup>01</sup>
7. Total Disbursements (from Line 31).....	1,006. <sup>67</sup>	1,006. <sup>67</sup>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	113.34	113.34
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	0
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	0

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name National Association of U.S.ian Care Plans  
Political Action Committee

Report Covering the Period: From: 01<sup>M</sup> 01<sup>D</sup> 2016<sup>Y</sup> To: 03<sup>M</sup> 31<sup>D</sup> 2016<sup>Y</sup>

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).....	1,100. <sup>00</sup>	1,100. <sup>00</sup>
(ii) Unitemized .....	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1,100. <sup>00</sup>	1,100. <sup>00</sup>
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	1,100. <sup>00</sup>	1,100. <sup>00</sup>
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	20. <sup>01</sup>	20. <sup>01</sup>
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1,120. <sup>01</sup>	1,120. <sup>01</sup>
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,120. <sup>01</sup>	1,120. <sup>01</sup>

2025 RELEASE UNDER E.O. 14176

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 4

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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	667	667
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	667	667
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1,000.00	1,000.00
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1,006 <sup>67</sup>	1,006 <sup>67</sup>
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,006 <sup>67</sup>	1,006 <sup>67</sup>

1-800-438-8030



**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	OF
	<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) National Association of Vision Care Plans Political Action Committee

A. Full Name (Last, First, Middle Initial) <u>Roberts Julian</u>		Date of Receipt
Mailing Address <u>3774 Louisa Drive</u>		<u>03</u> / <u>07</u> / <u>2016</u>
City <u>Tucker</u>	State <u>GA</u>	Zip Code <u>30084</u>
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>, 100.00</u>
Name of Employer <u>NAUCP</u>	Occupation <u>Exec. Director</u>	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 1,100.00</u>	

B. Full Name (Last, First, Middle Initial) <u>Roberts Julian</u>		Date of Receipt
Mailing Address <u>3774 Louisa Drive</u>		<u>03</u> / <u>07</u> / <u>2016</u>
City <u>Tucker</u>	State <u>GA</u>	Zip Code <u>30084</u>
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period <u>, 100.00</u>
Name of Employer <u>NAUCP</u>	Occupation <u>Exec. Director</u>	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>, 1,100.00</u>	

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. <u>C</u>		Amount of Each Receipt this Period
Name of Employer	Occupation	Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

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

2016-07-10 10:00:00 AM

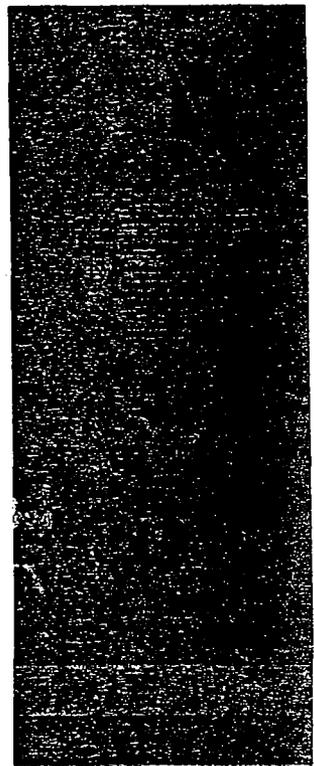




20003



7015 3430 0000 6630 6473



RETURN RECEIPT  
REQUESTED

Federal Election Commission  
999 E Street NW  
Washington DC 205463

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2015 JUL 19 AM 10:12

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) <b>7/16/16</b>
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER  
(3/2015)



**7/19/16**  
DATE PREPARED

NOTICE OF PREPARATION