

# 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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** **C00196246** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period   /   /    through   /   /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Roll, Michael, , ,  
Type or Print Name of Treasurer

Signature of Treasurer *Roll, Michael, , ,* [Electronically Filed] Date   /   /

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. 05/2016)

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="2017"/>	<input type="text" value="211310.47"/>	<input type="text" value="211310.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="279814.15"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="14293.18"/>	<input type="text" value="245073.56"/>
(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="294107.33"/>	<input type="text" value="456384.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="77065.59"/>	<input type="text" value="239342.29"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="217041.74"/>	<input type="text" value="217041.74"/>
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: M M / D D / Y Y Y Y 05 / 01 / 2017 To: M M / D D / Y Y Y Y 05 / 31 / 2017

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).....	11825.42	206055.83
(ii) Unitemized .....	2467.76	39017.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14293.18	245073.56
(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) .....	14293.18	245073.56
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)).....▶	14293.18	245073.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14293.18	245073.56

**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 .....	65.59	342.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	65.59	342.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	77000.00	239000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	77065.59	239342.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77065.59	239342.29

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14293.18	245073.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14293.18	245073.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	65.59	342.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	65.59	342.29

**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 28
	<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. Aaron, Jack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 S Treston Ln  
 City Tucson State AZ Zip Code 85711-4563  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.34

Date of Receipt 05 / 11 / 2017  
**Transaction ID : 4ECFDD7C-49C2-48DD-9**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Aiello, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2533 S Brandi Lane  
 City yuma State AZ Zip Code 85364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 31 / 2017  
**Transaction ID : F16A7657-318B-4CCA-B**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Bartolomei, Victoria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Cond Madreselva I-7 Ebano Apt. 1402  
 City Guaynabo State PR Zip Code 00968-3132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 23 / 2017  
**Transaction ID : 853EF449-B2EC-4C75-A**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1015.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Berman, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4340 Phyllis Dr.  
 City Northbrook State IL Zip Code 60062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 25 / 2017  
**Transaction ID : 141B8C5D-4837-4527-B**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Burns, Frank, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 301 Pepperbush Rd.  
 City Louisville State KY Zip Code 40207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 31 / 2017  
**Transaction ID : 3B995508-DBC7-432D-8**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Campagna, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 414 Navarro Street Suite 400  
 City San Antonio State TX Zip Code 78205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 05 / 15 / 2017  
**Transaction ID : 158647C8-3FBE-4207-A**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	813.33
<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 8 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Chandran, Rangram, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 576067  
 City Modesto State CA Zip Code 95357  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 15 / 2017  
**Transaction ID : 8533AF0C-204E-4668-B**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**B. Conway, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 501 Wellington Pl  
 City Charlottesville State VA Zip Code 22903-4748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2017  
**Transaction ID : 041BD04F-2171-432C-A**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Eaton, Alexander, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1567 Hayley Ln Ste 101  
 City Fort Myers State FL Zip Code 33907-2109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 05 / 15 / 2017  
**Transaction ID : 0280B666-85B2-4B2B-B**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Edmond, Jane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6610 Auden St  
 City Houston State TX Zip Code 77005-4304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 01 / 2017  
**Transaction ID : 10A41F81-BB47-415F-9**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Finegan, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 236 Roseberry St  
 City Phillipsburg State NJ Zip Code 08865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 15 / 2017  
**Transaction ID : 12F27F08-95EC-4FEB-B**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

**C. Forrest, Terry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2503 Isaac Drive  
 City Goldsboro State NC Zip Code 27530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 09 / 2017  
**Transaction ID : BE6B69D4-C01D-489B-B**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1583.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 28
<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

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

**A. Gicheru, Sidney, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4385 San Carlos Drive

City Dallas	State TX	Zip Code 75205
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Ophthalmologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
624.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : 5B36CADF-E846-4351-9**

Amount of Each Receipt this Period  
208.33

Memo Item

**B. Harrison, Devin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 475 Bradley Blvd

City Richland	State WA	Zip Code 99352-4419
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) 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
05		17		2017

**Transaction ID : 95EF10F5-57CD-4A5D-8**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Hovland, Peter, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 850 E. Harvard Ave  
Suite 155

City Denver	State CO	Zip Code 80210
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Ophthalmologist
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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
05		22		2017

**Transaction ID : 474EB470-F5F0-44A2-9**

Amount of Each Receipt this Period  
199.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	907.33
<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 11 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hovland, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 850 E. Harvard Ave  
 Suite 155  
 City Denver State CO Zip Code 80210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 564.00

Date of Receipt 05 / 22 / 2017  
**Transaction ID : E31E3AD9-3E47-4E81-9**  
 Amount of Each Receipt this Period 365.00  
 Memo Item

**B. Howard, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5169 S Cottonwood St Ste 630  
 City Salt Lake City State UT Zip Code 84107-6771  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.00

Date of Receipt 05 / 01 / 2017  
**Transaction ID : 520AD42A-CFAB-4AC1-B**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Hunter, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Harvard Rd  
 City Belmont State MA Zip Code 02478  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 15 / 2017  
**Transaction ID : 713FF965-EFD0-409D-8**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	706.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Israel, Morton, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 770 Magnolia Ave Ste 2D  
 City Corona State CA Zip Code 92879-3122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 15 / 2017  
**Transaction ID : C9F30D47-93CB-455F-9**  
 Amount of Each Receipt this Period 83.37  
 Memo Item

**B. Jensen, Johanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1516 N 8th St  
 City Boise State ID Zip Code 83702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2017  
**Transaction ID : F49023E4-9D7A-4C60-9**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Kinyoun, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 9th Ave, Box 359608  
 City Seattle State WA Zip Code 98104-2499  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 11 / 2017  
**Transaction ID : D78F0467-22FA-4702-B**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1083.37
<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 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Kirby, Judith, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9301 N Central Expy, Ste 180 Twr I

City Dallas	State TX	Zip Code 75231
----------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Ophthalmologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

**Transaction ID : 51B4CCA4-BDAE-470A-B**

Amount of Each Receipt this Period  
41.67

Memo Item

**B. Lee, Julie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3950 Kresge Way Ste 105

City Louisville	State KY	Zip Code 40207-4637
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Ophthalmologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1416.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2017

**Transaction ID : F6F79DDB-6392-42B4-9**

Amount of Each Receipt this Period  
83.33

Memo Item

**C. Levi, Leah, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 427 Bristol Avenue

City Cardiff	State CA	Zip Code 92007
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) 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
05		01		2017

**Transaction ID : FE0440D2-28A7-4828-A**

Amount of Each Receipt this Period  
365.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	490.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

**A. Levine, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Le Havre Court  
 City Potomac State MD Zip Code 20854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : 22BC623B-9A59-4CB9-8**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Lim, Jennifer Irene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5911 Timber Trails Blvd  
 City Western Springs State IL Zip Code 60558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2017  
**Transaction ID : A08915BF-AB63-459C-B**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Malik, Masud, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Acadia Dr.  
 City S. Barrington State IL Zip Code 60010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 749.99

Date of Receipt 05 / 15 / 2017  
**Transaction ID : 7D82F05E-77AA-4576-9**  
 Amount of Each Receipt this Period 83.33  
 Memo Item

<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 15 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mamalis, Nick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2246 Willow Hills Dr  
 City Sandy State UT Zip Code 84093-1793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 26 / 2017  
**Transaction ID : 1DDC6833-EF18-402F-9**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Mason, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3108 Waterbury Dr  
 City Cedar Falls State IA Zip Code 50613-1514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt 05 / 15 / 2017  
**Transaction ID : C5BACDBD-1008-4A86-A**  
 Amount of Each Receipt this Period 41.67  
 Memo Item

**C. Melendez, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Camino de las Brisas  
 City CORRALES State NM Zip Code 87048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 272.23

Date of Receipt 05 / 15 / 2017  
**Transaction ID : 6C863106-F664-4E76-A**  
 Amount of Each Receipt this Period 97.22  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	638.89
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Miller, Aaron, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 258.37

Date of Receipt 05 / 31 / 2017  
**Transaction ID : DD678E34-3849-4F35-A**  
 Amount of Each Receipt this Period 4.17  
 Memo Item

**B. Miranda, Amalia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3435 NW 56th St Ste 700  
 City Oklahoma City State OK Zip Code 73112-4442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2017  
**Transaction ID : F9D36F55-3DEC-43D9-8**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. O'Connell, Sara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7504 Antioch Rd  
 City Overland Park State KS Zip Code 66204-2622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 416.69

Date of Receipt 05 / 15 / 2017  
**Transaction ID : E5FEAB4B-11E5-4F28-8**  
 Amount of Each Receipt this Period 83.37  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	187.54
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Rhee, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 E 91st St Apt 6C  
 City New York State NY Zip Code 10128-5885  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 01 / 2017  
**Transaction ID : D3889370-F014-48BA-A**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Rich, William, , , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1915 Calvert St NW Apt 402  
 City Washington State DC Zip Code 20009-1547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 01 / 2017  
**Transaction ID : 1D0BA6FB-A9D9-420C-9**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Salisbury, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3701 Dauphin St  
 City Mobile State AL Zip Code 36608-1756  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 15 / 2017  
**Transaction ID : 027F9BE7-77DE-4F37-9**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Subramanian, Prem, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Monroe St  
 City Denver State CO Zip Code 80206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.31

Date of Receipt 05 / 15 / 2017  
**Transaction ID : 046F3111-1474-46D5-A**  
 Amount of Each Receipt this Period 41.63  
 Memo Item

**B. Williams, Ruth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1N641 Indian Knoll Rd  
 City West Chicago State IL Zip Code 60185-2459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Ophthalmologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 01 / 2017  
**Transaction ID : DF2E0EDA-51F6-49E8-B**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1041.63
<b>TOTAL</b> This Period (last page this line number only).....	11825.42

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank N.A.**

Mailing Address PO Box 63020

City  
San Francisco

State  
CA

Zip Code  
94163

Purpose of Disbursement  
Bank charges - May 2017

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	7

FEC Identification Number

C

Transaction ID : 7AEDE4E030

Amount of Each Disbursement this Period

6	5	.	5	9
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--	--	--	--	--

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--	--	--	--	--

Memo Item

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

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

6	5	.	5	9
---	---	---	---	---

6	5	.	5	9
---	---	---	---	---

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Bucshon For Congress**

Mailing Address PO Box 250

City Newburgh State IN Zip Code 47629

Purpose of Disbursement 2018 Primary

011  
Category/  
Type

Candidate Name  
**Bucshon, Larry, Dean, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2017

FEC Identification Number

C C00468256  
**Transaction ID : F754459043C**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Buddy Carter For Congress**

Mailing Address PO Box 10570

City Savannah State GA Zip Code 31412

Purpose of Disbursement 2018 Primary

011  
Category/  
Type

Candidate Name  
**Carter, Earl, L. B., ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: GA District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2017

FEC Identification Number

C C00543967  
**Transaction ID : E4161775315!**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Donnelly For Indiana**

Mailing Address 1050 17Th St NW Ste 590

City Washington State DC Zip Code 20036

Purpose of Disbursement 2018 Primary

011  
Category/  
Type

Candidate Name  
**Donnelly, Joseph, Simon, , Sr.**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2017

FEC Identification Number

C C00393652  
**Transaction ID : 2026EE0CE1**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Dr. Raul Ruiz For Congress**

Mailing Address PO Box 3433

City: Palm Desert  
State: CA  
Zip Code: 92261

Purpose of Disbursement  
2018 Primary

Category/  
Type

Candidate Name  
**Ruiz, Raul, , ,**

Office Sought:  House  
 Senate  
 President  
State: CA District: 36  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
05 / 10 / 2017

FEC Identification Number  
**C** C00502575  
**Transaction ID : ACD9121ACT**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DSCC**

Mailing Address 120 Maryland Ave NE

City: Washington  
State: DC  
Zip Code: 20002

Purpose of Disbursement  
2017 Contribution

Category/  
Type

Candidate Name  
**DSCC**

Office Sought:  House  
 Senate  
 President  
State: District:  
Disbursement For: 2017  
 Primary  General  
 Other (specify) Contribution

Date of Disbursement  
MM / DD / YYYY  
05 / 24 / 2017

FEC Identification Number  
**C** C00042366  
**Transaction ID : 83B4E9C7F2f**  
Amount of Each Disbursement this Period  
15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gene PAC**

Mailing Address 256 N Sam Houston Pkwy E  
Suite 278

City: Houston  
State: TX  
Zip Code: 77060

Purpose of Disbursement  
2017 Contribution

Category/  
Type

Candidate Name  
**Gene PAC**

Office Sought:  House  
 Senate  
 President  
State: District:  
Disbursement For: 2017  
 Primary  General  
 Other (specify) Contribution

Date of Disbursement  
MM / DD / YYYY  
05 / 03 / 2017

FEC Identification Number  
**C** C00494047  
**Transaction ID : 26AF5F4FF4**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

18500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. George Holding For Congress Inc.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	0		2	0	1	7		

Mailing Address PO Box 97187

FEC Identification Number

**C** C00499236

**Transaction ID : 94AEE7D8E7**

Amount of Each Disbursement this Period

1000.00

Memo Item

City Raleigh

State NC

Zip Code 27624

Purpose of Disbursement  
2018 Primary

011  
Category/  
Type

Candidate Name

**Holding, George, E., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Full Name (Last, First, Middle Initial)

**B. George Holding For Congress Inc.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	4		2	0	1	7		

Mailing Address PO Box 97187

FEC Identification Number

**C** C00499236

**Transaction ID : 1E37F0468CF**

Amount of Each Disbursement this Period

1000.00

Memo Item

City Raleigh

State NC

Zip Code 27624

Purpose of Disbursement  
2018 Primary

011  
Category/  
Type

Candidate Name

**Holding, George, E., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Full Name (Last, First, Middle Initial)

**C. Heller For Senate**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	0		2	0	1	7		

Mailing Address PO Box 371907

FEC Identification Number

**C** C00494229

**Transaction ID : 9D9CBA0C51**

Amount of Each Disbursement this Period

2500.00

Memo Item

City Las Vegas

State NV

Zip Code 89137

Purpose of Disbursement  
2018 Primary

011  
Category/  
Type

Candidate Name

**Heller, Dean, Arthur, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NV District:

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Hoyer For Congress**

Mailing Address 700 13Th Street NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2018 Primary

011  
Category/  
Type

Candidate Name  
**Hoyer, Steny, Hamilton, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2017

FEC Identification Number

C C00140715  
**Transaction ID : 9BFDC474D5**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hudson For Congress**

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027

Purpose of Disbursement  
2018 Primary

011  
Category/  
Type

Candidate Name  
**Hudson, Richard, Lane, , Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NC District: 08

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2017

FEC Identification Number

C C00504522  
**Transaction ID : 5FDD43B6D0**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Julia Brownley For Congress**

Mailing Address PO Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement  
2018 Primary

011  
Category/  
Type

Candidate Name  
**Brownley, Julia, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 26

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2017

FEC Identification Number

C C00513077  
**Transaction ID : 5222832024C**  
Amount of Each Disbursement this Period  
2000.00

Memo Item

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

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

5500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Kansans For Marshall**

Mailing Address PO Box 1588

City  
Great Bend

State  
KS

Zip Code  
67530

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Marshall, Roger, W., ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: KS District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2017

FEC Identification Number

C C00576173

**Transaction ID : EA85222D57I**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kyrsten Sinema For Congress**

Mailing Address PO Box 25879

City  
Tempe

State  
AZ

Zip Code  
85285

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Sinema, Kyrsten, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: AZ District: 09

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2017

FEC Identification Number

C C00508804

**Transaction ID : 7281529E6F2I**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Lance For Congress**

Mailing Address PO Box 999

City  
Edison

State  
NJ

Zip Code  
08818-0999

Purpose of Disbursement  
2018 Primary

011

Candidate Name

**Lance, Leonard, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 10 / 2017

FEC Identification Number

C C00444224

**Transaction ID : 1F2BE8C2F6**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Martin Heinrich For Senate**

Mailing Address P.O. Box 25763

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement 2018 Primary

Category/Type

Candidate Name Heinrich, Martin, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: NM District:

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	7

FEC Identification Number  
  
**Transaction ID : 57CAA2022A**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Matsui For Congress**

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement 2018 Primary

Category/Type

Candidate Name Matsui, Doris, O., ,

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: CA District: 06

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	7

FEC Identification Number  
  
**Transaction ID : 03F6554F0D1**  
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Michael Burgess For Congress**

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement 2018 Primary

Category/Type

Candidate Name Burgess, Michael, Clifton, ,

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: TX District: 26

Date of Disbursement  

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	7

FEC Identification Number  
  
**Transaction ID : BA7BBB149,**  
 Amount of Each Disbursement this Period

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Mike Kelly For Congress**

Mailing Address PO Box 476

City  
Lyndora

State  
PA

Zip Code  
16045

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Kelly, G. Mike, J., ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2017

FEC Identification Number

C C00474189

**Transaction ID : 2A6B96170F**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Rogers For Congress**

Mailing Address 123 East 13Th Street

City  
Anniston

State  
AL

Zip Code  
36201

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Rogers, Michael, Dennis, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: AL District: 03

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2017

FEC Identification Number

C C00367862

**Transaction ID : 693483F1A83**

Amount of Each Disbursement this Period

1000.00

Memo Item

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  
2018 Primary

011

Category/  
Type

Candidate Name

**Pelosi, Nancy, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2017

FEC Identification Number

C C00213512

**Transaction ID : EDB87B7DD**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. NRSC**

Mailing Address 425 2Nd Street NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
2017 Contribution

011

Category/  
Type

Candidate Name

**NRSC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2017

Primary  General  
 Other (specify) ▼

Contribution

State:

District:

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2017

FEC Identification Number

C C00027466

**Transaction ID : EFCFF3D9AC**

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Opportunity & Renewal PAC**

Mailing Address PO Box 13757

City  
Portland

State  
OR

Zip Code  
97213

Purpose of Disbursement  
2017 Contribution

011

Category/  
Type

Candidate Name

**Opportunity & Renewal PAC**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2017

Primary  General  
 Other (specify) ▼

Contribution

State:

District:

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2017

FEC Identification Number

C C00460972

**Transaction ID : 5049B295D2A**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Paul Tonko For Congress**

Mailing Address 911 Central Avenue  
# 221

City  
Albany

State  
NY

Zip Code  
12206

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Tonko, Paul, David, ,**

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

Contribution

State: NY

District: 20

Date of Disbursement

MM / DD / YYYY  
05 / 24 / 2017

FEC Identification Number

C C00450049

**Transaction ID : BC350E5156**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

22500.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ralph Abraham For Congress**

Mailing Address P.O. Box 14062

City  
Monroe

State  
LA

Zip Code  
71207-4062

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Abraham, Ralph, Lee, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: LA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	24	/	2017

FEC Identification Number

C C00563940

**Transaction ID : 38DA592EE4:**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City  
Wheaton

State  
IL

Zip Code  
60187

Purpose of Disbursement  
2018 Primary

011

Category/  
Type

Candidate Name

**Roskam, Peter, James, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	24	/	2017

FEC Identification Number

C C00410969

**Transaction ID : 23C50996A88**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Thom Tillis Committee**

Mailing Address PO Box 97396

City  
Raleigh

State  
NC

Zip Code  
27624

Purpose of Disbursement  
2020 Primary

011

Category/  
Type

Candidate Name

**Tillis, Thomas, Roland, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	03	/	2017

FEC Identification Number

C C00545772

**Transaction ID : 7B32BFD24E**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

77000.00