

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input checked="" type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> 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:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2015 through M M M / D D D / Y Y Y Y Y Y 12 / 31 / 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 M M M / D D D / Y Y Y Y Y Y 01 / 25 / 2016

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

Office Use Only		FEC FORM 3X Rev. 12/2004
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		209321.69
(b) Cash on Hand at Beginning of Reporting Period.....	329164.85	
(c) Total Receipts (from Line 19)	39877.16	526763.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	369042.01	736085.13
7. Total Disbursements (from Line 31).....	80284.53	447327.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	288757.48	288757.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: 12 / 01 / 2015 To: 12 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	34372.14	440439.33
(ii) Unitemized	5505.02	86324.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39877.16	526763.44
(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)	39877.16	526763.44
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))..... ▶	39877.16	526763.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	39877.16	526763.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	69.53	885.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	69.53	885.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	78800.00	444500.00
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	1415.00	1942.50
(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)).....	1415.00	1942.50
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)) ..	80284.53	447327.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	80284.53	447327.65

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)	39877.16	526763.44
34. Total Contribution Refunds (from Line 28(d))	1415.00	1942.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38462.16	524820.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	69.53	885.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	69.53	885.15

**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 63
	<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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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. Patrick Aiello
 Full Name (Last, First, Middle Initial)
 Mailing Address 275 W 28th St
 City Yuma State AZ Zip Code 85364-7308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1083.33

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 092F1408-9C90-4E25-A
 Amount of Each Receipt this Period
 83.33

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 ▼ 447.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : C689FA13-A4FC-4831-9
 Amount of Each Receipt this Period
 30.42

C. William Ashford
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 Baptist Dr Ste 220
 City Madison State MS Zip Code 39110-2031
 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
 12 / 15 / 2015
Transaction ID : 05A23011-03EF-4E67-9
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	613.75
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Ray Balyeat

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 0B52DCA7-353F-4CE1-B

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Charles Barr

Mailing Address 301 E Muhammad Ali Blvd

City	State	Zip Code
Louisville	KY	40202-1511

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

Name of Employer	Occupation
Self	Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 3DCCF846-C2EE-480F-9

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Ivan Batlle

Mailing Address 14105 Meadow Lane

City	State	Zip Code
Leawood	KS	66224

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 ▼
291.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 4B45332F-612A-43BB-A

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶	1141.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 63
	<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. Donald Benefield
 Full Name (Last, First, Middle Initial)
 Mailing Address 14225 Dedeaux Rd
 City State Zip Code
 Gulfport MS 39503-3369
 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 ▼
 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 27D3E67C-0CF3-4B56-8
 Amount of Each Receipt this Period
 41.67

B. William Benevento
 Full Name (Last, First, Middle Initial)
 Mailing Address 5891 Craigin Bluff Court
 City State Zip Code
 Bettendorf IA 52722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Ophthalmologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 172DB323-EE63-442A-8
 Amount of Each Receipt this Period
 365.00

C. Daniel Bernstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 451 Ruin Creek Rd Ste 204
 City State Zip Code
 Henderson NC 27536-5920
 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 ▼
 442.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 14 / 2015
Transaction ID : 8DE67F42-1BB9-4BBF-9
 Amount of Each Receipt this Period
 199.00

SUBTOTAL of Receipts This Page (optional).....▶	605.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 63
	<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. Daniel Bernstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 451 Ruin Creek Rd Ste 204
 City Henderson State NC Zip Code 27536-5920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.36

Date of Receipt
 12 / 15 / 2015
Transaction ID : ABD91B20-55D6-4480-B
 Amount of Each Receipt this Period
 30.42

B. Stephen Blaydes
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1380
 City Bluefield State WV Zip Code 24701-1380
 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
 12 / 04 / 2015
Transaction ID : 0C8A155E-1DF8-4ADF-9
 Amount of Each Receipt this Period
 250.00

C. 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 ▼ 500.00

Date of Receipt
 12 / 31 / 2015
Transaction ID : 67E8DF2E-103C-41AD-A
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	310.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 801 N Tustin Ave Ste 303

City Santa Ana	State CA	Zip Code 92705-3601
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

Transaction ID : 2F2CD1C9-DED2-46AA-8

Amount of Each Receipt this Period
1000.00

B. John Butler
Full Name (Last, First, Middle Initial)

Mailing Address 6511 Deer Pointe Dr

City Salisbury	State MD	Zip Code 21804-1667
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
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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
12	/	08	/	2015

Transaction ID : 7D3A97DC-5D52-4718-8

Amount of Each Receipt this Period
500.00

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

Mailing Address 4060 Fourth Ave Ste 405

City San Diego	State CA	Zip Code 92103
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Ophthalmologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2015

Transaction ID : CB607C54-15E8-4EF6-9

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 63
	<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. Mohsin Cheema
 Full Name (Last, First, Middle Initial)
 Mailing Address 370 Washington Ave
 City Kingston State NY Zip Code 12401-3702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 12 / 01 / 2015
Transaction ID : DE16D1CA-167C-4FE1-A
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 1000.00

B. Mohsin Cheema
 Full Name (Last, First, Middle Initial)
 Mailing Address 370 Washington Ave
 City Kingston State NY Zip Code 12401-3702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 12 / 08 / 2015
Transaction ID : 4DE0ADB2-3687-404D-8
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 1000.00

c. Neil Choplin
 Full Name (Last, First, Middle Initial)
 Mailing Address 2500 6th Ave Unit 1004
 City San Diego State CA Zip Code 92103-6635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 12 / 01 / 2015
Transaction ID : D5B7A096-A810-4CCA-9
 Amount of Each Receipt this Period
 199.00
 Aggregate Year-to-Date
 398.00

SUBTOTAL of Receipts This Page (optional).....	1199.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 63
	<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. 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)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2C9B6365-50AB-4E47-8
 Amount of Each Receipt this Period
 416.63
 Aggregate Year-to-Date ▼
 5000.00

B. Sander M. Zeskin Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 509 S Lenola Rd Bldg 11
 City Moorestown State NJ Zip Code 08057-1556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 7C3A3CED-ADFA-4983-B
 Amount of Each Receipt this Period
 83.33
 Aggregate Year-to-Date ▼
 1083.33

C. Ronald Cole
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 Alhambra Blvd Ste 100
 City Sacramento State CA Zip Code 95816-7050
 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
 12 / 16 / 2015
Transaction ID : 131E2B40-1010-4F16-B
 Amount of Each Receipt this Period
 150.00
 Aggregate Year-to-Date ▼
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	649.96
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:	PAGE 13 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Atys Cope

Mailing Address PO Box 239

City Statesboro State GA Zip Code 30459-0239

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
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 71A14112-64C7-4FA8-9

Amount of Each Receipt this Period
41.67

Full Name (Last, First, Middle Initial)
B. Russell Crain

Mailing Address 11011 Hefner Pointe Dr Ste B

City Oklahoma City State OK Zip Code 73120-5005

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
12 / 02 / 2015

Transaction ID : C4CB6C47-ED8D-42CC-B

Amount of Each Receipt this Period
500.00

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

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 ▼ **625.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 0D7A995F-8E51-448F-A

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional).....▶	583.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 63
	<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. Kimberly Crowder
 Full Name (Last, First, Middle Initial)
 Mailing Address 4156 Dogwood Drive
 City Jackson State MS Zip Code 39211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 12 / 15 / 2015
Transaction ID : A4367484-59E7-4D8D-B
 Amount of Each Receipt this Period
 41.67

B. Anthony DeMarco
 Full Name (Last, First, Middle Initial)
 Mailing Address 327 Hill St
 City Athens State GA Zip Code 30601
 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
 12 / 03 / 2015
Transaction ID : 571B7750-9F19-46B5-B
 Amount of Each Receipt this Period
 365.00

c. Sophie Deng
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Stein Plz
 City Los Angeles State CA Zip Code 90095-7065
 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
 12 / 02 / 2015
Transaction ID : DF0D21F7-C51E-4746-B
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	906.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 63
	<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. Peter Diedrichsen
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1275
 City Columbus State NE Zip Code 68602-1275
 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
 12 / 16 / 2015
Transaction ID : AF776514-8CFA-47EB-B
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date
 1000.00

B. Jing Dong
 Full Name (Last, First, Middle Initial)
 Mailing Address 651 S Milledge Ave
 City Athens State GA Zip Code 30605
 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
 12 / 22 / 2015
Transaction ID : 27CF001C-F061-4F48-9
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date
 250.00

c. John Downing
 Full Name (Last, First, Middle Initial)
 Mailing Address 985 Matlock Road
 City Bowling Green State KY Zip Code 42104-7408
 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
 12 / 08 / 2015
Transaction ID : 7C8C6399-8091-4838-A
 Amount of Each Receipt this Period
 199.00
 Aggregate Year-to-Date
 398.00

SUBTOTAL of Receipts This Page (optional).....▶	949.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 63
	<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. William Ehlers
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Secret Lake Rd
 City Avon State CT Zip Code 06001-3465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 5390B6DA-6B60-46D4-A
 Amount of Each Receipt this Period
 41.67

B. E. Elmquist
 Full Name (Last, First, Middle Initial)
 Mailing Address 12670 New Brittany Blvd Ste 102
 City Fort Myers State FL Zip Code 33907-3650
 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
 12 / 21 / 2015
Transaction ID : 7FAF4C85-F995-40FA-A
 Amount of Each Receipt this Period
 250.00

C. Suzanne Everhart
 Full Name (Last, First, Middle Initial)
 Mailing Address 204 Virginia St
 City Ashland State VA Zip Code 23005-2049
 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
 12 / 16 / 2015
Transaction ID : AA48E305-C3DF-4F37-B
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	656.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 63
	<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. Joseph Feghali
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Hampton Ctr Ste D
 City Morgantown State WV Zip Code 26505-1704
 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
 12 / 31 / 2015
Transaction ID : F523A1B3-3DBF-4BF1-A
 Amount of Each Receipt this Period
 250.00

B. Luther Fry
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 E Walnut Street
 City Garden City State KS Zip Code 67846-5560
 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 63949CDB-6E08-4E15-9
 Amount of Each Receipt this Period
 500.00

C. Theodore Gancayco
 Full Name (Last, First, Middle Initial)
 Mailing Address 1160 Varnum St NE Ste 11
 City Washington State DC Zip Code 20017-2110
 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
 12 / 04 / 2015
Transaction ID : 89CFDFD9-70BD-4494-9
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 63
	<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. Thomas Gardner
 Full Name (Last, First, Middle Initial)
 Mailing Address 756 Marion St
 City Denver State CO Zip Code 80218
 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
 12 / 02 / 2015
Transaction ID : 8E804FF5-4C3E-4723-9
 Amount of Each Receipt this Period
 365.00

B. Michel Gelin
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 3rd Ave
 City Woodruff State WI Zip Code 54568-9492
 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 ▼ 212.90

Date of Receipt
 12 / 15 / 2015
Transaction ID : 80F2E561-77E7-4D3A-B
 Amount of Each Receipt this Period
 30.42

C. Blake Geren
 Full Name (Last, First, Middle Initial)
 Mailing Address 3120 S. 57th St.
 City Fort Smith State AR Zip Code 72903
 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 ▼ 740.03

Date of Receipt
 12 / 02 / 2015
Transaction ID : 6BB448BF-C001-4DB2-9
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	760.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 63
	<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. Blake Geren
 Full Name (Last, First, Middle Initial)
 Mailing Address 3120 S. 57th St.
 City Fort Smith State AR Zip Code 72903
 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 ▼ 740.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 26DB3C1D-0D60-40ED-A
 Amount of Each Receipt this Period
 41.67

B. 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) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 2A0967D3-8B9A-4AE0-B
 Amount of Each Receipt this Period
 208.33

C. Michael Gilbert
 Full Name (Last, First, Middle Initial)
 Mailing Address 12301 NE 10th PI 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) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 759E0E5A-FAAC-41D1-B
 Amount of Each Receipt this Period
 166.66

SUBTOTAL of Receipts This Page (optional).....▶	416.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 63
	<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. Andrew Gillies
 Full Name (Last, First, Middle Initial)
 Mailing Address 980 Washington St Ste 120
 City Dedham State MA Zip Code 02026-6704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : AF79BDD3-8B43-4142-8
 Amount of Each Receipt this Period
 250.00

B. Michael Graham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1911 N Mills Ave
 City Orlando State FL Zip Code 32803-1432
 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 ▼ 865.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : 54931496-B64D-4F93-8
 Amount of Each Receipt this Period
 500.00

C. Preeya Gupta
 Full Name (Last, First, Middle Initial)
 Mailing Address 238 Crimson Oak Drive
 City Durham State NC Zip Code 27713
 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
 12 / 21 / 2015
Transaction ID : B2DF334D-00B9-416F-A
 Amount of Each Receipt this Period
 365.00

SUBTOTAL of Receipts This Page (optional).....▶	1115.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 63
	<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. Roy Hager
 Full Name (Last, First, Middle Initial)
 Mailing Address 4255 Carmichael Ct N
 City Montgomery State AL Zip Code 36106-3607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 9FA3F2DB-DB2B-4EA6-B
 Amount of Each Receipt this Period
 365.00

B. Bradley Dean Hammer
 Full Name (Last, First, Middle Initial)
 Mailing Address 5901 Westown Pkwy Ste 200
 City West Des Moines State IA Zip Code 50266-8207
 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
 12 / 10 / 2015
Transaction ID : 0BD2ECBE-8BEB-4C68-9
 Amount of Each Receipt this Period
 250.00

C. Anjali Hawkins
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Randall Rd
 City Geneva State IL Zip Code 60134-2590
 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
 12 / 18 / 2015
Transaction ID : BF4D5D41-0DF8-4C29-8
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	715.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 63
	<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. Marnix Heersink
 Full Name (Last, First, Middle Initial)
 Mailing Address 2800 Ross Clark Circle SW Ste 1
 City Dothan State AL Zip Code 36301
 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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 2D8A3B68-C6F0-4011-8
 Amount of Each Receipt this Period
 200.00

B. 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) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 0B7C9554-974F-4396-B
 Amount of Each Receipt this Period
 41.63

C. Mujahid Hines
 Full Name (Last, First, Middle Initial)
 Mailing Address 4216 Vista Terrace Dr.
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 304.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 52B903B6-9917-4A42-A
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	272.05
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 23 OF 63
	<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. Earl Lawrence Jordan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2630 Cunningham Ave
 City Joplin State MO Zip Code 64804-1542
 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 12 / 10 / 2015
Transaction ID : E19F3428-0976-4F31-9
 Amount of Each Receipt this Period 365.00

B. Emilio Justo
 Full Name (Last, First, Middle Initial)
 Mailing Address 6400 N 61st Place
 City Paradise Valley State AZ Zip Code 85253
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 395.42

Date of Receipt 12 / 15 / 2015
Transaction ID : F9D63BA5-0CFC-4582-9
 Amount of Each Receipt this Period 30.42

C. Martin Kaplan
 Full Name (Last, First, Middle Initial)
 Mailing Address 6533 Drew Ave S
 City Edina State MN Zip Code 55435-2103
 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 12 / 22 / 2015
Transaction ID : 3291F2E1-8991-4330-A
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional).....▶	760.42
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 63
	<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. Anne Keating
 Full Name (Last, First, Middle Initial)
 Mailing Address 3433 Shadow Wood Lane
 City West Fargo State ND Zip Code 58078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 83855D14-014D-4A11-A
 Amount of Each Receipt this Period
 500.00

B. Tae Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 11829 South St Ste 202
 City Cerritos State CA Zip Code 90703-6828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2015
Transaction ID : 9D1BEB2B-7A72-4E03-A
 Amount of Each Receipt this Period
 500.00

C. Laura King
 Full Name (Last, First, Middle Initial)
 Mailing Address 225 N Columbus Dr Apt 6705
 City Chicago State IL Zip Code 60601-7910
 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 ▼ 273.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : EEB122D9-A1B6-4774-9
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	1030.42
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 25 OF 63
	<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. Karanjit Kooner
Full Name (Last, First, Middle Initial)

Mailing Address 5323 Harry Hines Blvd

City Dallas State TX Zip Code 75390-9057

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 ▼ **699.00**

Date of Receipt
12 / 22 / 2015

Transaction ID : F98007F6-6982-4F12-A

Amount of Each Receipt this Period
199.00

B. Amit Kumar
Full Name (Last, First, Middle Initial)

Mailing Address 104 Harvestwood dr

City Apex State NC Zip Code 27539

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
12 / 11 / 2015

Transaction ID : 7AA48C78-F4D3-4634-8

Amount of Each Receipt this Period
365.00

C. Adrian Lavina
Full Name (Last, First, Middle Initial)

Mailing Address 3399 Pga Blvd Ste 350

City Palm Beach Gardens State FL Zip Code 33410-2831

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1083.33**

Date of Receipt
12 / 15 / 2015

Transaction ID : 13CD814F-46D3-4F01-9

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	647.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 63
	<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. Mary Lawrence
 Full Name (Last, First, Middle Initial)
 Mailing Address 19545 Hampshire Ct.
 City Prior Lake State MN Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : FB09EFA8-C20E-4AD2-8
 Amount of Each Receipt this Period
 416.67
 Aggregate Year-to-Date ▼
 1666.68

B. Charles Lederer
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 Carondelet Dr Ste 405
 City Kansas City State MO Zip Code 64114-4801
 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
 12 / 21 / 2015
Transaction ID : 6FA5D741-AFE1-494C-8
 Amount of Each Receipt this Period
 1000.00
 Aggregate Year-to-Date ▼
 1000.00

C. Julie Lee
 Full Name (Last, First, Middle Initial)
 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 Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : E4A3AACF-A782-455E-8
 Amount of Each Receipt this Period
 83.33
 Aggregate Year-to-Date ▼
 749.97

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 63
	<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. Alden Leifer
Full Name (Last, First, Middle Initial)

Mailing Address 680 Broadway Ste 114

City Paterson State NJ Zip Code 07514-1526

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
 12 / 01 / 2015
Transaction ID : 45597768-4207-4257-B

Amount of Each Receipt this Period
 365.00

B. Alden Leifer
Full Name (Last, First, Middle Initial)

Mailing Address 680 Broadway Ste 114

City Paterson State NJ Zip Code 07514-1526

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt
 12 / 08 / 2015
Transaction ID : 200D141C-041A-4B9D-A

Amount of Each Receipt this Period
 365.00

C. Darrin Levin
Full Name (Last, First, Middle Initial)

Mailing Address 29201 Telegraph Rd, Ste 606

City Southfield State MI Zip Code 48034-1300

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.20

Date of Receipt
 12 / 31 / 2015
Transaction ID : F5A4098E-6913-4567-8

Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional).....▶	760.42
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 28 OF 63
	<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. Kim Lindenmuth
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 Lyndhurst Ct
 City Naperville State IL Zip Code 60563
 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 ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : 5CE3FEFD-1F6E-45ED-A
 Amount of Each Receipt this Period
 300.00

B. David Loewy
 Full Name (Last, First, Middle Initial)
 Mailing Address 49 Skidmore Rd
 City Winter Haven State FL Zip Code 33884
 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
 12 / 21 / 2015
Transaction ID : 816C67AA-1C41-4F48-9
 Amount of Each Receipt this Period
 365.00

C. Gerald Loushin
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 River St
 City Minneapolis State MN Zip Code 55401-2512
 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 ▼ 299.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 6B324B1A-5512-4578-8
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	765.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 63
	<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. Jonathan Lowry
 Full Name (Last, First, Middle Initial)
 Mailing Address 335 E Parker Rd
 City Morganton State NC Zip Code 28655-5112
 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
 12 / 15 / 2015
Transaction ID : FD0485C4-DE1F-4C8E-9
 Amount of Each Receipt this Period
 500.00

B. Mary Gerard Lynch
 Full Name (Last, First, Middle Initial)
 Mailing Address 3845 Club Dr NE
 City Atlanta State GA Zip Code 30319-1109
 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
 12 / 10 / 2015
Transaction ID : 24C26444-805C-4046-A
 Amount of Each Receipt this Period
 500.00

C. Aaron Mack
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 Taylor Station Rd Ste 150
 City Columbus State OH Zip Code 43213-4440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 5EE4787E-4F62-4A18-A
 Amount of Each Receipt this Period
 416.70

SUBTOTAL of Receipts This Page (optional).....▶	1041.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 63
	<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)

Full Name (Last, First, Middle Initial)
A. Ben Mahan

Mailing Address 926 N Jackson St

City Tullahoma State TN Zip Code 37388-2300

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **302.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 76DDB9E0-0538-46A2-A

Amount of Each Receipt this Period
30.42

Full Name (Last, First, Middle Initial)
B. Masud Malik

Mailing Address 3865 N Mulford Rd

City Rockford State IL Zip Code 61114-5603

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : 91C124AA-4E99-4983-8

Amount of Each Receipt this Period
83.33

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

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 ▼ **833.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : D81C35F6-DC71-4779-8

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	197.08
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 31 OF 63
	<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. Sharon Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 7075 Campus Dr Ste 100
 City Colorado Springs State CO Zip Code 80920-6542
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.67

Date of Receipt
 12 / 15 / 2015
Transaction ID : C674AF62-9DA4-4632-A
 Amount of Each Receipt this Period
 41.67

B. Thomas Marvelli
 Full Name (Last, First, Middle Initial)
 Mailing Address 6273 Granbury Rd
 City Fort Worth State TX Zip Code 76133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.42

Date of Receipt
 12 / 15 / 2015
Transaction ID : 4FFD29A9-BB39-4202-A
 Amount of Each Receipt this Period
 30.42

C. Mary Jane McCarron
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 Pleasant St Apt 509
 City Brookline State MA Zip Code 02446-7182
 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 ▼ 398.00

Date of Receipt
 12 / 10 / 2015
Transaction ID : FAE2169E-252C-40C2-A
 Amount of Each Receipt this Period
 199.00

SUBTOTAL of Receipts This Page (optional).....▶	271.09
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 32 OF 63
	<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. Nick McLane
Full Name (Last, First, Middle Initial)

Mailing Address 317 Saint Francis Dr Ste 330

City Greenville	State SC	Zip Code 29601-3914
--------------------	-------------	------------------------

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
 12 / 01 / 2015
Transaction ID : 871E049A-5577-4BB9-B

Amount of Each Receipt this Period
365.00

B. Robert Melendez
Full Name (Last, First, Middle Initial)

Mailing Address 7227 CORRALES RD

City CORRALES	State NM	Zip Code 87048
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
318.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : F71BE991-02D3-4DF5-9

Amount of Each Receipt this Period
30.00

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

Mailing Address 7227 CORRALES RD

City CORRALES	State NM	Zip Code 87048
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
318.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 1E954370-7CA1-4FCD-8

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional).....▶	425.42
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 33 OF 63
	<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. Cristobal Mendez-Bonilla
 Full Name (Last, First, Middle Initial)
 Mailing Address Colinas de Montebello Vistamar #10
 City Trujillo Alto State PR Zip Code 00976
 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 ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : 9CDDA696-75EC-4E5E-B
 Amount of Each Receipt this Period
 250.00

B. Michael Edward Edward Migliori
 Full Name (Last, First, Middle Initial)
 Mailing Address 392 Rochambeau Avenue
 City Providence State RI Zip Code 02906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 8D80B9D5-8332-4A80-A
 Amount of Each Receipt this Period
 83.33

C. Aaron Miller
 Full Name (Last, First, Middle Initial)
 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 ▼ 637.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 1303B00B-66BB-4DBF-8
 Amount of Each Receipt this Period
 4.17

SUBTOTAL of Receipts This Page (optional).....▶	337.50
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 34 OF 63
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)
A. Lawrence Minardi

Mailing Address 500 Donnally St Ste 1

City Charleston State WV Zip Code 25301-1677

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 1A57FB4E-35BC-4F28-A

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. Carl Minning Jr.

Mailing Address 2935 Maple Ave

City Zanesville State OH Zip Code 43701-1748

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 ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 4EA0FFDE-A8DE-40C1-A

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Amalia Miranda

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 Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : B8756B01-667D-4CE7-9

Amount of Each Receipt this Period
833.33

SUBTOTAL of Receipts This Page (optional).....▶	1583.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 63
	<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. David Muller
 Full Name (Last, First, Middle Initial)
 Mailing Address 5025 Deer View Rd
 City Cedar Rapids State IA Zip Code 52411
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 26709C7E-5D3B-4DE8-A
 Amount of Each Receipt this Period
 250.00

B. Kelly Patrick O'Neill
 Full Name (Last, First, Middle Initial)
 Mailing Address 3054 Fairfield Avenue
 City Cincinnati State OH Zip Code 45206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2015
Transaction ID : B8A5D5B6-07B6-4BA9-B
 Amount of Each Receipt this Period
 1000.00

c. Jeffrey Oberman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Greenlea Ct
 City Weston State CT Zip Code 06883-3016
 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 ▼ 398.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 01 / 2015
Transaction ID : 4562D207-E507-438D-8
 Amount of Each Receipt this Period
 199.00

SUBTOTAL of Receipts This Page (optional).....▶	1449.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 63
	<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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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. Stephen Orr
 Full Name (Last, First, Middle Initial)
 Mailing Address 8377 Lakewood Dr
 City Findlay State OH Zip Code 45840-8885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify)

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : C367381D-EBA0-4625-B
 Amount of Each Receipt this Period
 83.33
 Aggregate Year-to-Date ▼
 1083.33

B. Mark Ozog
 Full Name (Last, First, Middle Initial)
 Mailing Address 1417 9th St S Ste 100
 City Great Falls State MT Zip Code 59405-4509
 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
 12 / 31 / 2015
Transaction ID : A301FD9E-376C-48B2-A
 Amount of Each Receipt this Period
 30.42
 Aggregate Year-to-Date ▼
 365.00

C. Timothy Page
 Full Name (Last, First, Middle Initial)
 Mailing Address 1234 Willow Ln
 City Birmingham State MI Zip Code 48009-7008
 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
 12 / 31 / 2015
Transaction ID : F798E107-F52F-4047-9
 Amount of Each Receipt this Period
 41.67
 Aggregate Year-to-Date ▼
 416.70

SUBTOTAL of Receipts This Page (optional).....▶	155.42
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 37 OF 63
	<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. Ron Pelton
Full Name (Last, First, Middle Initial)

Mailing Address 2770 N Union Blvd Ste 100

City Colorado Springs State CO Zip Code 80909-1183

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 ▼ **530.42**

Date of Receipt
12 / 15 / 2015
Transaction ID : 3ED1A61D-FA10-40C0-A

Amount of Each Receipt this Period
30.42

B. C. Downey Price
Full Name (Last, First, Middle Initial)

Mailing Address 333 N Rivershire Dr Ste 160

City Conroe State TX Zip Code 77304-2711

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
12 / 10 / 2015
Transaction ID : E390CE5F-EEFE-431C-A

Amount of Each Receipt this Period
250.00

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

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 ▼ **833.30**

Date of Receipt
12 / 31 / 2015
Transaction ID : 52C5949B-54CD-40B7-B

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ **363.75**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 63
	<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. H. Miller Richert
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Glen Abbey St
 City Abilene State TX Zip Code 79606-5023
 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
 12 / 14 / 2015
Transaction ID : 57C1CC2F-9983-4944-B
 Amount of Each Receipt this Period
 500.00

B. Elizabeth Rocco
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Saybrook Rd Ste 100
 City Middletown State CT Zip Code 06457-4774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 0A10D4EE-CC1A-4B12-9
 Amount of Each Receipt this Period
 365.00

C. Harold Ross
 Full Name (Last, First, Middle Initial)
 Mailing Address 23 LAKE LACOMA DR
 City Pittsford State NY Zip Code 14534
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 30 / 2015
Transaction ID : 0858EF1A-EE28-48D7-9
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1165.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 63
	<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. Enrica Rossi
Full Name (Last, First, Middle Initial)

Mailing Address 1718 N Hudson Ave

City Chicago State IL Zip Code 60614-5611

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 406.67

Date of Receipt
12 / 15 / 2015
Transaction ID : FC5AC0A7-2ED1-4AE9-9

Amount of Each Receipt this Period
41.67

B. Mark Ruchman
Full Name (Last, First, Middle Initial)

Mailing Address 1 Reservoir Ofc Park Ste 203

City Southbury State CT Zip Code 06488-3926

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

Name of Employer Self Occupation Ophthalmologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.02

Date of Receipt
12 / 31 / 2015
Transaction ID : C403E52F-81BC-4535-B

Amount of Each Receipt this Period
41.67

C. Ralph Sando Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 813 Lawrence Ln

City Newtown Square State PA Zip Code 19073-2610

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
12 / 11 / 2015
Transaction ID : 3F86EB61-49D0-4732-A

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	583.34
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 40 OF 63
	<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. Gary Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address 10356 Tapestry Bnd
 City Lake Elmo State MN Zip Code 55042-6006
 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
 12 / 16 / 2015
Transaction ID : 03E8EB71-F71E-4BB8-A
 Amount of Each Receipt this Period
 500.00
 Aggregate Year-to-Date ▼
 500.00

B. Michael Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 515 Sunset Rdg
 City Dubuque State IA Zip Code 52003-7762
 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
 12 / 02 / 2015
Transaction ID : 269D17D2-8FDA-48F9-B
 Amount of Each Receipt this Period
 365.00
 Aggregate Year-to-Date ▼
 730.00

C. Molly Seal
 Full Name (Last, First, Middle Initial)
 Mailing Address 1042 E 3rd St Ste 102
 City Chattanooga State TN Zip Code 37403-2167
 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
 12 / 08 / 2015
Transaction ID : 7FC28333-CEEE-447F-8
 Amount of Each Receipt this Period
 300.00
 Aggregate Year-to-Date ▼
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1165.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 63
	<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. David Seidman
Full Name (Last, First, Middle Initial)

Mailing Address 6231 Leesburg Pike Ste 608

City Falls Church	State VA	Zip Code 22044-2102
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	08	/	2015

Transaction ID : BF03D40E-2622-4E6C-B

Amount of Each Receipt this Period
300.00

B. Richard Sherry
Full Name (Last, First, Middle Initial)

Mailing Address 2500 Grubb Rd Ste 234

City Wilmington	State DE	Zip Code 19810-4796
--------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
395.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2015

Transaction ID : 947B6EFE-EA3B-4D09-A

Amount of Each Receipt this Period
30.42

C. Edward Shubert
Full Name (Last, First, Middle Initial)

Mailing Address 17070 Red Oak Dr Ste 405

City Houston	State TX	Zip Code 77090-2616
-----------------	-------------	------------------------

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
12	/	11	/	2015

Transaction ID : 23CC79DB-A3D4-44CE-8

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	830.42
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 42 OF 63
	<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. David Silbert
 Full Name (Last, First, Middle Initial)
 Mailing Address 2104 Spring Valley Rd
 City Lancaster State PA Zip Code 17601-2427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.33

Date of Receipt
 12 / 31 / 2015
Transaction ID : 4058E993-9A91-4330-9
 Amount of Each Receipt this Period
 83.33

B. Roger Steinert
 Full Name (Last, First, Middle Initial)
 Mailing Address 850 Health Sciences Rd
 City Irvine State CA Zip Code 92697-4375
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 12 / 02 / 2015
Transaction ID : D7BD14CE-90DE-4E1F-9
 Amount of Each Receipt this Period
 500.00

C. Prem Subramanian
 Full Name (Last, First, Middle Initial)
 Mailing Address 1675 Aurora Ct #F731
 City Aurora State CO Zip Code 80045
 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
 12 / 15 / 2015
Transaction ID : CFB73AE7-E40C-4F8C-9
 Amount of Each Receipt this Period
 41.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 63
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Kevin Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 7447 W Talcott Ave Ste 300

City	State	Zip Code
Chicago	IL	60631

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 ▼
564.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : 3F0A744A-DF87-43F8-A

Amount of Each Receipt this Period
199.00

B. Alexander Taich
Full Name (Last, First, Middle Initial)

Mailing Address 2422 Lake Ave

City	State	Zip Code
Ashtabula	OH	44004-4985

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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	02	/	2015

Transaction ID : C9EC28A2-9215-4D94-8

Amount of Each Receipt this Period
350.00

C. Gary Tanner
Full Name (Last, First, Middle Initial)

Mailing Address 10 Jacobs Ln

City	State	Zip Code
Newport News	VA	23606-2815

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 ▼
341.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2015

Transaction ID : F623D4AA-2FDD-4906-A

Amount of Each Receipt this Period
4.17

SUBTOTAL of Receipts This Page (optional).....▶	553.17
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 63
	<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. Frank Terrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 North River Boulevard
 City Stephenville State TX Zip Code 76401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 12 / 02 / 2015
Transaction ID : 0AAB67EF-CFF0-450F-A
 Amount of Each Receipt this Period
 250.00

B. Vivien Tham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 S Beretania St Ste 560
 City Honolulu State HI Zip Code 96814-1880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 12 / 09 / 2015
Transaction ID : 12818303-C212-47DE-B
 Amount of Each Receipt this Period
 500.00

C. Ivey Thornton
 Full Name (Last, First, Middle Initial)
 Mailing Address 10720 Edgewater Dr
 City Cleveland State OH Zip Code 44102-6131
 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 ▼ 300.00

Date of Receipt
 12 / 03 / 2015
Transaction ID : 0483CA9E-65BC-442F-8
 Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 63
	<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. Kristine Traustason
 Full Name (Last, First, Middle Initial)
 Mailing Address 64981 Highway 20
 City Bend State OR Zip Code 97701-9101
 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
 12 / 01 / 2015
Transaction ID : 40990F95-4F17-47A4-A
 Amount of Each Receipt this Period
 500.00

B. Michael Vrabec
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Park Pl
 City Appleton State WI Zip Code 54914-8872
 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 ▼ 1100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : B6264E2A-F688-4B02-B
 Amount of Each Receipt this Period
 100.00

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 ▼ 1749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2015
Transaction ID : 4D71C9F1-F875-4921-9
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional).....▶	683.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 63
	<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. Gary Weiner
Full Name (Last, First, Middle Initial)

Mailing Address 18 Crestview Dr

City Salina State KS Zip Code 67401-3586

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 18 / 2015
Transaction ID : 6B9C54E7-0136-4358-8

Amount of Each Receipt this Period 1000.00

B. Oren Weisberg
Full Name (Last, First, Middle Initial)

Mailing Address 48A Dana St

City Cambridge State MA Zip Code 02138-4309

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 12 / 10 / 2015
Transaction ID : BA3F77B8-BA52-4F91-B

Amount of Each Receipt this Period 100.00

C. Barry Welch
Full Name (Last, First, Middle Initial)

Mailing Address 424 Yellowstone Ave Ste 110

City Cody State WY Zip Code 82414-9309

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

Name of Employer Self Occupation Ophthalmologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 749.97

Date of Receipt 12 / 31 / 2015
Transaction ID : BA40DB41-A386-4F8B-8

Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 1183.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 63
	<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. Daniel Welch
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 Ave K SE
 City Winter Haven State FL Zip Code 33880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 4A9DB930-ADCC-4FA4-B
 Amount of Each Receipt this Period
 1000.00

B. John Zilis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3535 S Franklin St
 City Englewood State CO Zip Code 80113-4005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Ophthalmologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2015
Transaction ID : 11738BD1-0747-4457-B
 Amount of Each Receipt this Period
 500.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	34372.14

**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

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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 - Dec 2015

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 7C39FDDDE145F33D356

Amount of Each Disbursement this Period

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

/ /

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

/ /

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. AMERIPAC: The Fund for a Greater America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	09	/	2015

Mailing Address 700 13th Street NW
Suite 600

City Washington State DC Zip Code 20005

Transaction ID : 5F737B8F55D59CCA749

Purpose of Disbursement
2015 Contribution

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

AMERIPAC: The Fund for a Greater America

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Full Name (Last, First, Middle Initial)

B. Ami Bera for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	09	/	2015

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Transaction ID : E971A19AE18C597C040

Purpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

3000.00

Candidate Name

Amerish B. Bera

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: CA District: 07

Full Name (Last, First, Middle Initial)

C. Blumenthal for Connecticut

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	09	/	2015

Mailing Address 777 Summer Street Ste 103
C/O Cacace Tusch & Santagata

City Stamford State CT Zip Code 06901

Transaction ID : 30731B6D13496B0AD93

Purpose of Disbursement
2016 Primary

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Richard Blumenthal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: CT District:

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

6500.00

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

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**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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Brad Ashford for Congress

Mailing Address PO Box 24023

City Omaha State NE Zip Code 68124

Purpose of Disbursement
2016 Primary

011

Candidate Name

Brad Ashford

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NE District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

Transaction ID : F8B9CB9C48074CE6F82

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Brady for Congress

Mailing Address PO Box 8277

City the Woodlands State TX Zip Code 77387-8277

Purpose of Disbursement
2016 Primary

011

Candidate Name

Kevin Patrick Brady

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

Transaction ID : 9FAD242570E117B2832

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Butterfield for Congress

Mailing Address 434 Fayetteville Street
Suite 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement
2016 Primary

011

Candidate Name

G. K. Butterfield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

Transaction ID : D0ACB68F8D2419CAC7D

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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**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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Chesapeake PAC

Mailing Address 824 S Milledge Ave Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

Chesapeake PAC

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : 043025CB0D5B47EA4BE

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Common Values PAC

Mailing Address 901 N Washington St, Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

Common Values PAC

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : 4DC0C354AB29DD3AFA8

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Raul Ruiz for Congress

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 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) **Contribution**

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : F650A6FC598377D77B8

Amount of Each Disbursement this Period

2000.00

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Fightin' Ninth Political Action Committee

Mailing Address PO Box 71596

City Richmond State VA Zip Code 23255-1596

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Fightin' Ninth 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
12 / 09 / 2015

Transaction ID : C115ACFD33CF13BFAB6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Fleming for Congress

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058-1236

Purpose of Disbursement
2016 Primary

011

Candidate Name

John Calvin Fleming Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: LA District:

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : 0E69574945C9EB11BA2

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Michelle

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement
2016 Primary

011

Candidate Name

Michelle Lujan Grisham

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) **Contribution**

State: NM District: 01

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : 5EA1275F75AEFB788F4

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Raja for Congress

Mailing Address PO Box 681202

City State Zip Code
Schaumburg IL 60168

Purpose of Disbursement
2016 Primary

011

Candidate Name

S. Raja Krishnamoorthi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

MM / DD / YYYY
12 / 16 / 2015

Transaction ID : 2E314F1644CBDD8E0E6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City State Zip Code
New York NY 10016

Purpose of Disbursement
2016 General

011

Candidate Name

Charles E. Schumer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District:

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : 10C60D4AF31BA345461

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Friends of Susan Brooks

Mailing Address 9425 N Meridian St
237

City State Zip Code
Indianapolis IN 46260-1308

Purpose of Disbursement
2016 Primary

011

Candidate Name

Susan W. Brooks

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 05

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : 452C74929D6A99BEC D3

Amount of Each Disbursement this Period

1000.00

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

7500.00

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

S. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

Transaction ID : 6FD45FECCB1A9309A0B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Johnson for Congress

Mailing Address PO Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

William L. Johnson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

Transaction ID : F511D53C9709EDD3B6F

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Kinzinger for Congress

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350-6965

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Adam Daniel Kinzinger

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

Transaction ID : 534FD3E3C529A9EF269

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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**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

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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

Candidate Name

Kurt Schrader

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : 2302269111C74C87ED9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Lamborn for Congress

Mailing Address PO Box 64107

City Colorado Springs State CO Zip Code 80962

Purpose of Disbursement
2016 Primary

011

Candidate Name

Douglas L. Lamborn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CO District: 05

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : 763032DFC035C5A3DD7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lance for Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
2016 Primary

011

Candidate Name

Leonard Lance

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : 5DAE0CA3564BD7BEE0C

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Luke Messer for Congress

Mailing Address PO Box 917

City Shelbyville State IN Zip Code 46176

Purpose of Disbursement
2016 Primary

011

Candidate Name

Allan Lucas Messer

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2015			

Transaction ID : D630CC74EF769F89CDB

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC--Mc PAC

Mailing Address PO Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Majority Committee PAC--Mc PAC

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2015			

Transaction ID : D8E9851DB9B262994EA

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Mark Takano for Congress

Mailing Address PO Box 5214

City Riverside State CA Zip Code 92517

Purpose of Disbursement
2016 Primary

011

Candidate Name

Mark Allan Takano

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

Transaction ID : 77ECCA5CBB8DB5D8719

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)..... ▶

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**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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Mary Lawrence for Congress

Mailing Address PO Box 21215

City Eagan State MN Zip Code 55121

Purpose of Disbursement
2016 General

011

Candidate Name

Mary Lawrence

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	02	/	2015

Transaction ID : 100C91663D8BCD9DA82

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. May for Congress

Mailing Address PO Box 1678

City Lubbock State TX Zip Code 79408

Purpose of Disbursement
2016 Primary

011

Candidate Name

Donald Robert Lee May

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	09	/	2015

Transaction ID : 509CDBF474830938078

Amount of Each Disbursement this Period

2500.00

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
2016 Primary

011

Candidate Name

Michael Clifton Burgess

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	16	/	2015

Transaction ID : B6948E8669572470D41

Amount of Each Disbursement this Period

1500.00

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

9000.00

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

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**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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. People for Patty Murray

Mailing Address PO Box 3662

City State Zip Code
Seattle WA 98124

Purpose of Disbursement
2016 Primary

011

Candidate Name

Patricia Lynn Murray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : 6AD0601839A2BED9A5B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pete Sessions for Congress

Mailing Address PO Box 823047

City State Zip Code
Dallas TX 75382-3047

Purpose of Disbursement
2016 Primary

011

Candidate Name

Peter Anderson Sessions

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : 41F63AAE4A243B75079

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Renee Ellmers for Congress Committee

Mailing Address PO Box 99567

City State Zip Code
Raleigh NC 27624

Purpose of Disbursement
2016 Primary

011

Candidate Name

Renee L. Ellmers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY
12 / 09 / 2015

Transaction ID : 33BE1A911C44ACE68FE

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ryan for Congress, Inc.

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement
2016 Primary

011

Candidate Name

Paul Davis Ryan Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

Transaction ID : 4388EF233577C48C7F5

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Ryan for Congress, Inc.

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement
2016 General

011

Candidate Name

Paul Davis Ryan Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			09			2015			

Transaction ID : 999FE44817D3367A315

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steve Israel for Congress Committee

Mailing Address PO Box 1400

City Melville State NY Zip Code 11747

Purpose of Disbursement
2016 Primary

011

Candidate Name

Steven Jay Israel

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

Transaction ID : FD32F0C55BFB70A6BB3

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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**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

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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

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : B53C8FBDE5A1F7B6810

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

M M M / D D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : 9D804904AE342B24042

Amount of Each Disbursement this Period

1300.00

Full Name (Last, First, Middle Initial)

C. Voice for Freedom

Mailing Address 2700 Cumberland Parkway, Suite 150

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
2015 Contribution

011

Candidate Name

Voice for Freedom

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : 006BA6258A1B9F43D3E

Amount of Each Disbursement this Period

1000.00

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

3800.00

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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Walden for Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement
2016 General

011

Category/
Type

Candidate Name

Gregory Paul Walden

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

Transaction ID : B0D54CFB28393529A72

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Walden for Congress

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031-0037

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Gregory Paul Walden

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

Transaction ID : 538D097BE6EB56CB773

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Washington State Democratic Central Committee

Mailing Address PO Box 4027

City Seattle State WA Zip Code 98194

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

Washington State Democratic Central Committee

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

Transaction ID : 8B17F1EBDB72430032C

Amount of Each Disbursement this Period

5000.00

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

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

7500.00

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**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

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wenstrup for Congress

Mailing Address PO Box 9551

City Cincinnati State OH Zip Code 45209-0551

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Brad R. Wenstrup

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 02 / 2015

Transaction ID : C00916C12A8211924A5

Amount of Each Disbursement this Period

2500.00

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 Y Y

Amount of Each Disbursement this Period

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 Y Y

Amount of Each Disbursement this Period

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

2500.00

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

78800.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. John Bishop

Mailing Address 4707 Everhart Rd Ste 108

City State Zip Code
Corpus Christi TX 78411-2751

Purpose of Disbursement
Refund of 11/3/15 receipt.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 100461B9967C2B2F341

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Loren Little

Mailing Address 2090 E Flamingo Rd Ste 100

City State Zip Code
Las Vegas NV 89119-5131

Purpose of Disbursement
Refund of 11/19/15 receipt.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : 725F36E4896DA4BC1BE

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Nick McLane

Mailing Address 317 Saint Francis Dr Ste 330

City State Zip Code
Greenville SC 29601-3914

Purpose of Disbursement
Refund of 11/19/15 receipt.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : E81B2AAC61CF473806F

Amount of Each Disbursement this Period

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

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