

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**
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

ADDRESS (number and street) 4000 Legato Road, Suite 700
Fairfax VA 22033

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00171504 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period [04] / [01] / [2016] through [06] / [30] / [2016]

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

Signature of Treasurer *Nancey McCann* [Electronically Filed] Date [09] / [28] / [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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

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="2016"/>		<input type="text" value="226269.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="252671.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="18872.85"/>	<input type="text" value="55029.85"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="271544.57"/>	<input type="text" value="281299.54"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16725.22"/>	<input type="text" value="26480.19"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="254819.35"/>	<input type="text" value="254819.35"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18115.00	54115.00
(ii) Unitemized	600.00	600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18715.00	54715.00
(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)	18715.00	54715.00
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.).....	157.85	314.85
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))..... ▶	18872.85	55029.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18872.85	55029.85

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	725.22	1980.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	725.22	1980.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	24500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16725.22	26480.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16725.22	26480.19

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)	18715.00	54715.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18715.00	54715.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	725.22	1980.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	725.22	1980.19

**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 21
	<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)
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

A. Dr Thomas C. Turner
Full Name (Last, First, Middle Initial)

Mailing Address 848 Central Dr

City Odessa State TX Zip Code 79761-4202

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

Name of Employer Turner Eye Clinic Occupation Md

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 04 / 2016
Transaction ID : A84076E0F6D1546FB9D6

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Dr Keith Warren MD
Full Name (Last, First, Middle Initial)

Mailing Address 12905 Westgate

City Overland Park State KS Zip Code 66213-2365

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

Name of Employer Warren Retina Associates Occupation Md

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
 04 / 04 / 2016
Transaction ID : A14F59E6582C040FBBBE

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Dr Michael B. Raizman
Full Name (Last, First, Middle Initial)

Mailing Address 50 Staniford St Ste 600

City Boston State MA Zip Code 02114-2539

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

Name of Employer Ophthalmic Consultants of Boston Occupation Md

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 05 / 2016
Transaction ID : ABC940D4ADABF4EBF9F8

Amount of Each Receipt this Period
 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
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 7 OF 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

A. Dr Neal H. Shorstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 Lennon Lane
 City Walnut Creek State CA Zip Code 94598-2419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Permanente Medical Group Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2016
Transaction ID : A2B32F3F0B85F40298F0
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Dr Tal Raviv
 Full Name (Last, First, Middle Initial)
 Mailing Address New York Laser Eye
 117 E 29th St
 City New York State NY Zip Code 10016-8030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Laser Eye Occupation Md, Facs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 08 / 2016
Transaction ID : A0F0CF1B26EE246EDB56
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Dr Jane A. Semel
 Full Name (Last, First, Middle Initial)
 Mailing Address 390 N Sepulveda Blvd
 Ste 1100
 City El Segundo State CA Zip Code 90245-4476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Semel Vision Care Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 11 / 2016
Transaction ID : A75575B17C8694341ACE
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<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)
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

A. Dr Steve Charles
 Full Name (Last, First, Middle Initial)
 Mailing Address 1432 Kimbrough Rd.
 City Germantown State TN Zip Code 38138-2405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charles Retina Institute Occupation Md
 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
 04 / 11 / 2016
Transaction ID : A942E565EC2714876B9A
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Dr. Daniel H. Chang
 Full Name (Last, First, Middle Initial)
 Mailing Address 4101 Empire Dr Ste 120
 City Bakersfield State CA Zip Code 93309-0681
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Empire Eye And Laser Center Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 11 / 2016
Transaction ID : AA966B1A56B2D457886C
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. Dr. Jo Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 333 Lincoln St.
 City Saco State ME Zip Code 04072-3113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2016
Transaction ID : AEA96A8BD85ED42719E0
 Amount of Each Receipt this Period
 300.00
 Memo Item

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 9 OF 21
	<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)
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

A. Dr. Jonathan W. Briggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 423 Lombard Ln
 City Wenatchee State WA Zip Code 98801-9604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wenatchee Valley Medical Center Occupation Od, Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 18 / 2016
Transaction ID : ABAFC9006AEC143F1B60
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Dr. Michael F. Oats
 Full Name (Last, First, Middle Initial)
 Mailing Address 282 Route 130
 City Sandwich State MA Zip Code 02563-2302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ophthalmic Consultants of Boston Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2016
Transaction ID : A3E84CB9B0787462EA1F
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Dr Edward J. Holland
 Full Name (Last, First, Middle Initial)
 Mailing Address 580 S Loop Rd. Ste. 200
 City Edgewood State KY Zip Code 41017-3415
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Cincinnati COM-Cornea Fe Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 26 / 2016
Transaction ID : AD750038C79C54F8AA76
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<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)
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

A. Dr Kenneth J. Rosenthal
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 E Shore Rd.
 Ste 102
 City State Zip Code
 Great Neck NY 11023-2432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rosenthal Eye & Facial Plastic Md, Facs
 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
 04 / 26 / 2016
Transaction ID : A4B9A8E04158D4379BAD
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Dr Joseph C. Noreika
 Full Name (Last, First, Middle Initial)
 Mailing Address 3424 Old Hickory Lane
 City State Zip Code
 Medina OH 44256-9684
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Excellence in Eyecare, Inc Md, Mba
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2016
Transaction ID : AE16D91DF221F468C998
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. Dr Howard S. Barnebey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1920 116th Ave NE
 Ste 203
 City State Zip Code
 Bellevue WA 98004-3012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Specialty Eyecare Centre Md
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2016
Transaction ID : AA7CA688586694DE98AB
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 21
	<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)
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

A. Dr Douglas D. Koch
Full Name (Last, First, Middle Initial)

Mailing Address 1 Baylor Plz
Ste Nc205

City Houston State TX Zip Code 77030-3411

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

Name of Employer Baylor College of Medicine Cullen Eye Occupation Md

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
04 / 30 / 2016
Transaction ID : A0FC7EDAF585B4E6793C

Amount of Each Receipt this Period
500.00

Memo Item

B. Dr. Jan H. Stahl
Full Name (Last, First, Middle Initial)

Mailing Address 13772 Denver West Pkwy
Ste 100

City Lakewood State CO Zip Code 80401-3139

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

Name of Employer Denver Eye Surgeons Occupation Md

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 03 / 2016
Transaction ID : A360E96B08289423095B

Amount of Each Receipt this Period
500.00

Memo Item

C. Dr. Jeffrey T. Liegner
Full Name (Last, First, Middle Initial)

Mailing Address 1 Wilson Drive

City Sparta State NJ Zip Code 07871-4416

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

Name of Employer Eye Care Northwest Occupation Md

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 04 / 2016
Transaction ID : A1F8AE558FD7E453BB38

Amount of Each Receipt this Period
500.00

Memo Item

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 12 OF 21
	<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)
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

A. Dr. Bradley M. Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 2055 15th St. N
 City Saint Cloud State MN Zip Code 56303-1747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Cloud Eye Clinic Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 06 / 2016
Transaction ID : AA48AD23A202247D4AC8
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Dr. Mark E. Johnston
 Full Name (Last, First, Middle Initial)
 Mailing Address 4909 South 118th St
 City Omaha State NE Zip Code 68137-2213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nebraska Laser Eye Associates Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 06 / 2016
Transaction ID : A347A76D9A4F345BBB6D
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Dr Lenka Champion
 Full Name (Last, First, Middle Initial)
 Mailing Address 7051 Southpoint Pkwy S FI 3
 City Jacksonville State FL Zip Code 32216-8713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nicolitz Eye Consultants Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 06 / 2016
Transaction ID : A8B09594B1EFC431A972
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	

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

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

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

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

NAME OF COMMITTEE (In Full)
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

A. Dr. Jonathan M. Davidorf
 Full Name (Last, First, Middle Initial)
 Mailing Address 7320 Woodlake Ave
 Ste 190
 City West Hills State CA Zip Code 91307-1492
 Name of Employer Davidorf Eye Group Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 06 / 2016
Transaction ID : AD25C95BD38BB408E8C9
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Dr Reay H. Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 5730 Glenridge Dr NE
 Ste 120
 City Atlanta State GA Zip Code 30328-5560
 Name of Employer Atlanta Ophthalmology Associates Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 06 / 2016
Transaction ID : A6A6D7394A25241B4896
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Dr. Randy M. Ennen
 Full Name (Last, First, Middle Initial)
 Mailing Address 3312 S 70th St
 City Fort Smith State AR Zip Code 72903-5052
 Name of Employer Ennen Eye Center Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 09 / 2016
Transaction ID : ACEA712784E2D46779F0
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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)
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

A. Dr. George E. Fava
 Full Name (Last, First, Middle Initial)
 Mailing Address 875 Norman Dr
 City Lebanon State PA Zip Code 17042-7454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fava & Maria Eye Care Associates Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 10 / 2016
Transaction ID : A8EA04B290274439696B
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Dr. John Michael Garrett
 Full Name (Last, First, Middle Initial)
 Mailing Address Garrett Eye Center 1301 Carpenter Ave
 City Iron Mountain State MI Zip Code 49801-4725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Garrett Eye Center Occupation Md, Facs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 10 / 2016
Transaction ID : A6EF2AF9B10C840ADAAF
 Amount of Each Receipt this Period 300.00
 Memo Item

C. Dr. Boris Ovodenko
 Full Name (Last, First, Middle Initial)
 Mailing Address 135 Bay 26th St Ste. 3-B
 City Brooklyn State NY Zip Code 11214-4954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bassett Healthcare Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 10 / 2016
Transaction ID : AC847BFBFC1D146A38EC
 Amount of Each Receipt this Period 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	850.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 21
	<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)
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

A. Dr. Jonathan B. Rubenstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1725 W Harrison St.
 Ste 918
 City Chicago State IL Zip Code 60612-3863
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Ophthalmology Associates Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 10 / 2016
Transaction ID : AAD922848060D4640AB9
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Dr. Elizabeth Yeu-Lin
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Corporate Blvd.
 Suite 210
 City Norfolk State VA Zip Code 23502-4965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Virginia Eye Consultants Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 26 / 2016
Transaction ID : A5FD7F9EF8CCE40C48A7
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Dr. Jack M. Chapman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2061 Beverly Rd
 City Gainesville State GA Zip Code 30501-2034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gainesville Eye Associates Occupation Md
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 13 / 2016
Transaction ID : A0CA98AF14ADB45C7853
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
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 16 OF 21
(check only one)

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

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

NAME OF COMMITTEE (In Full)
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

A. Dr. Chris J. Gualtieri
Full Name (Last, First, Middle Initial)
Mailing Address 3969 4th Ave
Ste 300
City San Diego State CA Zip Code 92103-3165
FEC ID number of contributing federal political committee. **C**
Name of Employer Chris Gualteri, MD Eye Laser and Visio Occupation Md
Receipt For: Primary General Other (specify) Memo Item
Aggregate Year-to-Date 365.00

Date of Receipt 06 / 22 / 2016
Transaction ID : AC6D0B06A14C64F6CADE
Amount of Each Receipt this Period 365.00
 Memo Item

B. Dr Paul H. Ernest
Full Name (Last, First, Middle Initial)
Mailing Address 1116 W. Ganson St.
City Jackson State MI Zip Code 49202-4240
FEC ID number of contributing federal political committee. **C**
Name of Employer Tlc Eyecare And Laser Centers Occupation Md
Receipt For: Primary General Other (specify) Memo Item
Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 22 / 2016
Transaction ID : A18E9FA4D21FC45DCB92
Amount of Each Receipt this Period 1000.00
 Memo Item

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) Memo Item
Aggregate Year-to-Date

Date of Receipt
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1365.00
TOTAL This Period (last page this line number only).....	18115.00

**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 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" 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)
eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

Full Name (Last, First, Middle Initial) A. United Bank		Date of Receipt
Mailing Address 14426 Albemarle Point Place Ste. 100		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Chantilly	State VA	Zip Code 20151-1763
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : ACF96B1BA18CB4AB6B7C
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="52.55"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="314.85"/>	<input type="checkbox"/> Memo Item June Interest

Full Name (Last, First, Middle Initial) B. United Bank		Date of Receipt
Mailing Address 14426 Albemarle Point Place Ste. 100		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2016"/>
City Chantilly	State VA	Zip Code 20151-1763
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A5C80515289054BCE86C
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="53.52"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="262.30"/>	<input type="checkbox"/> Memo Item May Interest

Full Name (Last, First, Middle Initial) C. United Bank		Date of Receipt
Mailing Address 14426 Albemarle Point Place Ste. 100		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2016"/>
City Chantilly	State VA	Zip Code 20151-1763
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A6B3B16A1883F4FCABF8
Name of Employer	Occupation	Amount of Each Receipt this Period <input type="text" value="51.78"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="208.78"/>	<input type="checkbox"/> Memo Item April Interest

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="157.85"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="157.85"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

Full Name (Last, First, Middle Initial)

A. United Bank

Mailing Address 14426 Albemarle Point Place
Ste. 100

City Chantilly State VA Zip Code 20151-1763

Purpose of Disbursement
April Amex Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : B06A401CEAAFF4AE88AD

Amount of Each Disbursement this Period

135.45

Memo Item

Full Name (Last, First, Middle Initial)

B. United Bank

Mailing Address 14426 Albemarle Point Place
Ste. 100

City Chantilly State VA Zip Code 20151-1763

Purpose of Disbursement
April Merchant Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 30 / 2016

Transaction ID : BC7490879430C460EA66

Amount of Each Disbursement this Period

156.48

Memo Item

Full Name (Last, First, Middle Initial)

C. United Bank

Mailing Address 14426 Albemarle Point Place
Ste. 100

City Chantilly State VA Zip Code 20151-1763

Purpose of Disbursement
May Amex Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : BCD97187F0441483DAA0

Amount of Each Disbursement this Period

59.85

Memo Item

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

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

351.78

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

Full Name (Last, First, Middle Initial)

A. United Bank

Mailing Address 14426 Albemarle Point Place
Ste. 100

City Chantilly State VA Zip Code 20151-1763

Purpose of Disbursement
May Merchant Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : BB8C72697C4A24308951

Amount of Each Disbursement this Period

280.54

Memo Item

Full Name (Last, First, Middle Initial)

B. United Bank

Mailing Address 14426 Albemarle Point Place
Ste. 100

City Chantilly State VA Zip Code 20151-1763

Purpose of Disbursement
June Merchant Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : B5135602363FF4E468AC

Amount of Each Disbursement this Period

89.75

Memo Item

Full Name (Last, First, Middle Initial)

C. United Bank

Mailing Address 14426 Albemarle Point Place
Ste. 100

City Chantilly State VA Zip Code 20151-1763

Purpose of Disbursement
June Amex Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

Transaction ID : B24087576A2084336B71

Amount of Each Disbursement this Period

3.15

Memo Item

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

373.44

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

725.22

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

Full Name (Last, First, Middle Initial)

A. Michael Burgess for Congress

Mailing Address P.O. Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
2016 General, Republican, Representative-TX 26th

Candidate Name

Rep. Michael C. Burgess

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : BC005739E047A4B71B18

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends of Sherrod Brown

Mailing Address 3867 W Market St, #289

City State Zip Code
Akron OH 44333-4525

Purpose of Disbursement
2018 Primary, Democrat, Senator OH

Candidate Name

Sen. Sherrod C. Brown

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : BB3AF1B9AB13E4F1C800

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Grassley Committee

Mailing Address Grassley Committee
PO Box 1000

City State Zip Code
Des Moines IA 50304

Purpose of Disbursement
Contr, Primary 2016, Republican, Senator

Candidate Name

Sen. Charles E. Grassley

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2016

Transaction ID : B323A81DAA7824BD5AB2

Amount of Each Disbursement this Period

5000.00

Memo Item

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

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

eyePAC Political Action Committee for American Society of Cataract and Refractive Surgery

Full Name (Last, First, Middle Initial)

A. Reinventing A New Direction-RANDPAC

Mailing Address PO BOX 72598

City Newport State KY Zip Code 41072-0598

Purpose of Disbursement
2016 Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) Other

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 21 / 2016

Transaction ID : BFBAFA05778C47B3839

Amount of Each Disbursement this Period

5000.00

Memo Item

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) Other

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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) Other

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

5000.00

16000.00