

**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 139
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Dr. Stephen P Steinmetz
 Full Name (Last, First, Middle Initial)
 Mailing Address 844 Woodbine Ct
 City Naperville State IL Zip Code 60540-8217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 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
 11 / 05 / 2015
Transaction ID : 38717734
 Amount of Each Receipt this Period
 250.00

B. Dr. Jayme N Kasting
 Full Name (Last, First, Middle Initial)
 Mailing Address 380 Mutton Creek Dr
 City Seymour State IN Zip Code 47274-4050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 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
 11 / 05 / 2015
Transaction ID : 38717735
 Amount of Each Receipt this Period
 250.00

C. Dr. Christine J Janty
 Full Name (Last, First, Middle Initial)
 Mailing Address 354 Brimhall St
 City Saint Paul State MN Zip Code 55105-2430
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Employed
 Occupation Doctor of Optometry
 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
 11 / 05 / 2015
Transaction ID : 38717736
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	