

**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 Optometric Association Political Action Committee

ADDRESS (number and street) ▼

1505 Prince Street

Suite 300

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00024968

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 M /

D D D /

Y 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 M /

D D D /

Y 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 Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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 Fred Dubrick O.D.

Signature of Treasurer

Fred Dubrick O.D.

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		381934.84
(b) Cash on Hand at Beginning of Reporting Period.....	477500.33	
(c) Total Receipts (from Line 19)	75324.30	360498.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	552824.63	742432.95
7. Total Disbursements (from Line 31)	25242.88	214851.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	527581.75	527581.75
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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2015

To:

M M / D D / Y Y Y Y
04 / 30 / 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).....

52241.06

243857.44

(ii) Unitemized

18069.19

111556.41

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

70310.25

355413.85

(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) ▶

70310.25

355413.85

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.....

5000.00

5000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

14.05

84.26

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))..... ▶

75324.30

360498.11

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

75324.30

360498.11

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	3242.88	76336.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3242.88	76336.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	137000.00
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	1015.00
(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	1015.00
29. Other Disbursements	0.00	500.00
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)) ..	25242.88	214851.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25242.88	214851.20

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)	70310.25	355413.85
34. Total Contribution Refunds (from Line 28(d))	0.00	1015.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70310.25	354398.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3242.88	76336.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	3242.88	76336.20

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Clarke Newman

Mailing Address 3311 Throckmorton St.
Apt A4

City State Zip Code
Dallas TX 75219-3663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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 / 02 / 2015

Transaction ID : 38055935

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. William Hasquet

Mailing Address 2503 GOLD RUSH AVE

City State Zip Code
HELENA MT 59601-5668

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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 / 02 / 2015

Transaction ID : 38060725

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Marcus H Kelley

Mailing Address 363 S Harrison Avenue

City State Zip Code
Helena MT 59601-6903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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 / 02 / 2015

Transaction ID : 38060731

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. William H Simons

Mailing Address 66 Cloverview Dr

City
Helena

State
MT

Zip Code
59601-0251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 02 / 2015

Transaction ID : 38060733

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Karoline L Munson

Mailing Address 16 Glencove St

City

Frankfort

State

KY

Zip Code

40601-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 03 / 2015

Transaction ID : 38062078

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gregory Willard Hicks

Mailing Address 419 E Bogart Rd

City

Sandusky

State

OH

Zip Code

44870-6404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

04 / 03 / 2015

Transaction ID : 38062081

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

916.67

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Trevor Cleveland

Mailing Address 3726 Robbie St

City

Eugene

State

OR

Zip Code

97404-1996

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

668.00

Date of Receipt

04 / 03 / 2015

Transaction ID : 38062082

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. Dr. Lynn Davis

Mailing Address 6546 JACAL CT NW

City

ALBUQUERQUE

State

NM

Zip Code

87114-6120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.68

Date of Receipt

04 / 03 / 2015

Transaction ID : 38062083

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

c. Dr. Larry D Gunnell

Mailing Address 7 Brenna Dr

City

Wichita Falls

State

TX

Zip Code

76302-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 03 / 2015

Transaction ID : 38062085

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

408.67

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

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

FOR LINE NUMBER: PAGE 9 OF 73
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Gerald G Gerdes JR

Mailing Address 414 E 7th Ave

City State Zip Code
Oakdale LA 71463-2624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2015

Transaction ID : 38062086

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR Brenden R White

Mailing Address 864 E Ranch Cir

City State Zip Code
Draper UT 84020-9011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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
04 / 03 / 2015

Transaction ID : 38062088

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr. Walter O Whitley

Mailing Address 241 Corporate Blvd

City State Zip Code
Norfolk VA 23502-4975

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2015

Transaction ID : 38062093

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

590.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bradley J Richlin

Mailing Address 16225 Quemada Rd

City

Encino

State

CA

Zip Code

91436-3620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : 38062094

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Fred Goldberg

Mailing Address 6924 Butternut Ct

City

McLean

State

VA

Zip Code

22101-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : 38062096

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. Martin H Carroll

Mailing Address 3700 Essex Rd

City

Cheyenne

State

WY

Zip Code

82001-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2015

Transaction ID : 38062171

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

900.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Donald W Furman

Mailing Address 2101 310th Street

City

Forest City

State

IA

Zip Code

50436-8029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2015

Transaction ID : 38062178

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Dr. David P Nelson

Mailing Address 5714 Oxbow Bnd

City

Madison

State

WI

Zip Code

53716-2472

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 05 / 2015

Transaction ID : 38062181

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

c. Dr. Linda M Chous

Mailing Address 1295 W Royal Oaks Dr

City

Shoreview

State

MN

Zip Code

55126-8478

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 06 / 2015

Transaction ID : 38062183

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

583.33

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mark D Esarey

Mailing Address 1680 State Highway 130

City

Charleston

State

IL

Zip Code

61920-6752

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

04 / 06 / 2015

Transaction ID : 38062184

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr. Kathleen E Powell

Mailing Address 9710 Copper Dr

City

Anchorage

State

AK

Zip Code

99507-1226

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 ▼

340.00

Date of Receipt

04 / 06 / 2015

Transaction ID : 38062190

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

c. Dr. Jeffrey S Wigton

Mailing Address 217 Teakwood Rd

City

Butler

State

PA

Zip Code

16001-1973

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 ▼

500.00

Date of Receipt

04 / 03 / 2015

Transaction ID : 38063202

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

710.00

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

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Donna Buraczewski

Mailing Address 901 Main St

City
Simpson

State Zip Code
PA 18407-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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
04 / 03 / 2015

Transaction ID : 38063203

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Mitchell H Albers

Mailing Address 74 Edgumbe Drive

City
Mahtomedi

State Zip Code
MN 55115-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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
04 / 03 / 2015

Transaction ID : 38063204

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Stephanie M White

Mailing Address 212 Rue Landry Rd

City
Saint Rose

State Zip Code
LA 70087-3666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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
04 / 03 / 2015

Transaction ID : 38063205

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)..... ►

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Paul Martin Dobies

Mailing Address 1448 Evergreen Ave

City

Fullerton

State

CA

Zip Code

92835-2027

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 ▼

210.00

Date of Receipt

04 / 07 / 2015

Transaction ID : 38067017

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr. Stanley Woo

Mailing Address 5190 Via Carretas

City

Yorba Linda

State

CA

Zip Code

92886-4554

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry, MBA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 08 / 2015

Transaction ID : 38067838

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Kelly M Boudreaux-Riley

Mailing Address 803 Quail Rd
Apt A

City

Lubbock

State

TX

Zip Code

79407-8065

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 ▼

500.00

Date of Receipt

04 / 08 / 2015

Transaction ID : 38067963

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

800.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Lori R Roberts

Mailing Address 1205 Flowering Oak Way

City

Mount Pleasant

State

SC

Zip Code

29466-9298

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : 38068000

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Larry D Sumner

Mailing Address 8116 E Harvard Cir

City

Denver

State

CO

Zip Code

80231-7619

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : 38068031

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Heather A Robben

Mailing Address 310 N 6th St

City

Wakeeney

State

KS

Zip Code

67672-1805

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : 38068032

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2500.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey C Michaels

Mailing Address 2775 Caleherne Ct

City

Sandy Hook

State

VA

Zip Code

23153-2248

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 ▼

500.00

Date of Receipt

04 / 08 / 2015

Transaction ID : 38068926

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. John D Coble

Mailing Address 1501 Sunset Hill Dr

City

Rockwall

State

TX

Zip Code

75087-3216

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 ▼

500.01

Date of Receipt

04 / 09 / 2015

Transaction ID : 38069306

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr. Roger L Jordan

Mailing Address 3329 Paintbrush Dr

City

Gillette

State

WY

Zip Code

82718-7616

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 ▼

1000.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 38069307

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1166.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey C Anderson

Mailing Address 205 Story St

City

Boone

State

IA

Zip Code

50036-4242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 38069308

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Donovan L Crouch

Mailing Address 701 Winthrop Cir

City

Storm Lake

State

IA

Zip Code

50588-2747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 38069309

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr. Fred R DeHaan

Mailing Address 3110 Leona Dr

City

Storm Lake

State

IA

Zip Code

50588-2751

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 09 / 2015

Transaction ID : 38069310

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1300.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Craig Donovan Crouch

Mailing Address 100 Grand Ave

City

Storm Lake

State

IA

Zip Code

50588-1607

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2015

Transaction ID : 38069311

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr. Megan A Sullivan

Mailing Address 616 W 2nd St

City

Alta

State

IA

Zip Code

51002-1012

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2015

Transaction ID : 38069312

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr. Barbara L Horn

Mailing Address 61269 Coralburst Dr

City

Washington

State

MI

Zip Code

48094-1746

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 ▼

677.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2015

Transaction ID : 38069313

Amount of Each Receipt this Period

165.29

SUBTOTAL of Receipts This Page (optional)..... ►

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

965.29

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DR James P Busche

Mailing Address 2 W Wilmert Lake Dr

City

Fairmont

State

MN

Zip Code

56031-5056

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

04 / 08 / 2015

Transaction ID : 38069316

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven A Loomis

Mailing Address 6436 Spotted Fawn Run

City

Littleton

State

CO

Zip Code

80125-9055

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 ▼

400.00

Date of Receipt

04 / 10 / 2015

Transaction ID : 38070595

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Dr. Cheryl E Schmitt

Mailing Address 4200 W Oasis Dr

City

Tucson

State

AZ

Zip Code

85742-9194

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 ▼

500.00

Date of Receipt

04 / 10 / 2015

Transaction ID : 38071655

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

950.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Audie M Teague JR

Mailing Address 105 Friar Tuck Ln

City

Prescott

State

AR

Zip Code

71857-2608

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 ▼

300.00

Date of Receipt

04 / 11 / 2015

Transaction ID : 38071867

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. J. Eric Paulsen

Mailing Address 1801 Memorial Dr

City

Sturgeon Bay

State

WI

Zip Code

54235-1064

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 ▼

500.00

Date of Receipt

04 / 11 / 2015

Transaction ID : 38071868

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Deanna Swafford Alexander

Mailing Address 4127 Cedargate Dr

City

Fort Collins

State

CO

Zip Code

80526-3386

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 ▼

500.00

Date of Receipt

04 / 12 / 2015

Transaction ID : 38071877

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

600.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Jonathan F Hymes

Mailing Address 1505 Prince St

City

Alexandria

State

VA

Zip Code

22314-2852

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Optometric Association

Occupation

Executive Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.68

Date of Receipt

04 / 12 / 2015

Transaction ID : 38071882

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr. Christopher W Wroten

Mailing Address 25833 Royal Birkdale Dr

City

Denham Spgs

State

LA

Zip Code

70726-6479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

04 / 12 / 2015

Transaction ID : 38071884

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Dr. G. Timothy Petito

Mailing Address 3007 Key Harbor Dr

City

Safety Harbor

State

FL

Zip Code

34695-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

04 / 12 / 2015

Transaction ID : 38071888

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

616.67

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. D. Cory Rath

Mailing Address 10748 Sprucedale Ave

City

Las Vegas

State

NV

Zip Code

89144-4401

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 ▼

400.00

Date of Receipt

04 / 13 / 2015

Transaction ID : 38071935

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. David Frazee

Mailing Address 4962 Shoreline Dr

City

Frisco

State

TX

Zip Code

75034-4058

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 ▼

600.00

Date of Receipt

04 / 13 / 2015

Transaction ID : 38071938

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr. Roger A Duke

Mailing Address 12511 Deer Falls Dr

City

Austin

State

TX

Zip Code

78729-7225

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 ▼

207.30

Date of Receipt

04 / 13 / 2015

Transaction ID : 38071939

Amount of Each Receipt this Period

49.10

SUBTOTAL of Receipts This Page (optional)..... ►

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

349.10

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

Use separate schedule(s)
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DR Scott A Middlemist

Mailing Address 9931 E Ida Pl

City

Greenwood Village

State

CO

Zip Code

80111-3752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : 38071948

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Linda T Arakaki

Mailing Address 99-923 Hulumanu St

City

Aiea

State

HI

Zip Code

96701-3236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : 38071950

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Benjamin P Casella

Mailing Address 767 Broad St

City

Augusta

State

GA

Zip Code

30901-1329

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : 38072011

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

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

Use separate schedule(s)
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. James R Hale

Mailing Address 2616 Sw Brooklane Dr

City State Zip Code
 Corvallis OR 97333-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 13 / 2015

Transaction ID : 38074339

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dr. Michelle Wika Chaney

Mailing Address 3614 Coneflower Dr

City State Zip Code
 Fort Collins CO 80521-7542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : 38074367

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Dr. Justin Cole

Mailing Address 116 Pink Orchard Dr

City State Zip Code
 Mooresville NC 28115-8016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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 / 14 / 2015

Transaction ID : 38080341

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2545.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 73
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Ian B Gaddie

Mailing Address 5600 Schuler Ln

City

State

Zip Code

Prospect

KY

40059-9501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : 38082439

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. James Judson Briggs

Mailing Address 1090 Manning Farms Ct

City

State

Zip Code

Dunwoody

GA

30338-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : 38082458

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

c. Dr. Glenda B Brown

Mailing Address 4392 Grove Field Court

City

State

Zip Code

Suwanee

GA

30024-6758

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

492.08

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 38083628

Amount of Each Receipt this Period

63.50

SUBTOTAL of Receipts This Page (optional)..... ►

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

1113.50

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Michael S Mayer

Mailing Address 2097 N Zinfandel Dr

City

Hanford

State

CA

Zip Code

93230-8939

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

04 / 16 / 2015

Transaction ID : 38083629

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr. Sue E Lowe

Mailing Address 1704 Skyline Rd

City

Laramie

State

WY

Zip Code

82070-8932

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 ▼

666.68

Date of Receipt

04 / 16 / 2015

Transaction ID : 38083635

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr. David W Wineland

Mailing Address 8400 Concord Rd

City

Johnstown

State

OH

Zip Code

43031-8154

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 ▼

509.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 38083644

Amount of Each Receipt this Period

127.25

SUBTOTAL of Receipts This Page (optional)..... ►

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

418.92

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Rose Marie Betz

Mailing Address 7300 N Bluff Dr

City

Tuscaloosa

State

AL

Zip Code

35406-2608

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 ▼

300.00

Date of Receipt

04 / 15 / 2015

Transaction ID : 38083645

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. Dale G Lervick

Mailing Address 2876 W Long Dr Apt D

City

Littleton

State

CO

Zip Code

80120-8131

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 ▼

365.00

Date of Receipt

04 / 11 / 2015

Transaction ID : 38084990

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr. Alyon J Wasik

Mailing Address 3589 W Lenihan Ln

City

Tucson

State

AZ

Zip Code

85742-5146

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 ▼

500.00

Date of Receipt

04 / 16 / 2015

Transaction ID : 38084993

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

965.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DR Craig S Rock

Mailing Address 913 N Woodlawn Ave

City

State

Zip Code

Lake City

IA

51449-1261

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 38085135

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr. Jason T Ortman

Mailing Address 8085 E Byers Ave

City

State

Zip Code

Denver

CO

80230-6755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2015

Transaction ID : 38085166

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr. Ian M Jones

Mailing Address 32 Deer Hill Ln

City

State

Zip Code

Hampden

ME

04444-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 17 / 2015

Transaction ID : 38085171

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

590.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. William R Burges

Mailing Address 405 Paris St

City

Castroville

State

TX

Zip Code

78009-4511

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 ▼

436.38

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : 38085172

Amount of Each Receipt this Period

95.46

Full Name (Last, First, Middle Initial)

B. Dr. Brian J Plattner

Mailing Address 917 S Market St

City

Knoxville

State

IL

Zip Code

61448-1299

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2015

Transaction ID : 38085176

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

c. Dr. Frank McAllister Akers II

Mailing Address 1019 N 93rd Pl

City

Mesa

State

AZ

Zip Code

85207-5266

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2015

Transaction ID : 38085542

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

265.46

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Thomas A Lucas JR

Mailing Address 2023 Sandy Point Rd

City

Harker Hts

State

TX

Zip Code

76548-8680

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 ▼

800.00

Date of Receipt

04 / 18 / 2015

Transaction ID : 38085543

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Robert E Prouty

Mailing Address 8886 N Awl Rd

City

Parker

State

CO

Zip Code

80138-6840

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 ▼

400.00

Date of Receipt

04 / 18 / 2015

Transaction ID : 38085544

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr. Joe E Ellis

Mailing Address 179 Wood Trce

City

Benton

State

KY

Zip Code

42025-9400

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 ▼

666.68

Date of Receipt

04 / 18 / 2015

Transaction ID : 38085545

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

466.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Scott M Walters

Mailing Address 1025 Nw Regent Dr

City

Grants Pass

State

OR

Zip Code

97526-3383

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 ▼

500.00

Date of Receipt

04 / 18 / 2015

Transaction ID : 38085548

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Jennifer L Planitz

Mailing Address 3537 Newcastle Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-3672

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 ▼

1666.68

Date of Receipt

04 / 18 / 2015

Transaction ID : 38085550

Amount of Each Receipt this Period

416.67

Full Name (Last, First, Middle Initial)

C. Dr. Christine W Cook

Mailing Address 511 Shadow Brooke Dr

City

Chesapeake

State

VA

Zip Code

23320-3511

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 ▼

400.00

Date of Receipt

04 / 18 / 2015

Transaction ID : 38085551

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

766.67

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Susan M Brunnett

Mailing Address 9940 Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

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 ▼

666.68

Date of Receipt

04 / 19 / 2015

Transaction ID : 38103599

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr David M Way

Mailing Address 21702 E Yaupon Cir

City

Tomball

State

TX

Zip Code

77377-5996

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 ▼

300.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 38103811

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr. Kathleen Goff

Mailing Address 114 CRESTED PEAK CT

City

SANTA TERESA

State

NM

Zip Code

88008-9423

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 ▼

333.36

Date of Receipt

04 / 20 / 2015

Transaction ID : 38103812

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.01

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Lynn Smith Hammonds

Mailing Address 2725 Smyer Rd

City

Vestavia

State

AL

Zip Code

35216-1026

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 ▼

666.68

Date of Receipt

04 / 20 / 2015

Transaction ID : 38103813

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr. Dirk Michael Beyer

Mailing Address 709 S 5th St

City

Hamilton

State

MT

Zip Code

59840-2755

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 ▼

727.30

Date of Receipt

04 / 20 / 2015

Transaction ID : 38103818

Amount of Each Receipt this Period

159.10

Full Name (Last, First, Middle Initial)

c. Dr Paul T Colbourne

Mailing Address 4745 Kandel Ct

City

Annandale

State

VA

Zip Code

22003-5946

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 ▼

500.00

Date of Receipt

04 / 16 / 2015

Transaction ID : 38103828

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

825.77

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Michael A Campbell

Mailing Address 70 Widewater Rd

City

Hilton Head

State

SC

Zip Code

29926-2064

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 ▼

500.00

Date of Receipt

04 / 16 / 2015

Transaction ID : 38103830

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Marc A Hudson

Mailing Address 460 Silver Oaks Dr

City

Harrisonburg

State

VA

Zip Code

22801-3579

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 ▼

365.00

Date of Receipt

04 / 16 / 2015

Transaction ID : 38103852

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr. Kenneth Whitten Best

Mailing Address 21223 COUNTRY CLUB DR

City

CORNELIUS

State

NC

Zip Code

28031-6627

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

04 / 16 / 2015

Transaction ID : 38103857

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1115.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. John W Weihe

Mailing Address 280 Auburn Hills Dr

City

Coralville

State

IA

Zip Code

52241-3326

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 38103858

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr. John D Kiernan

Mailing Address 2241 Seneca Way

City

Sioux City

State

IA

Zip Code

51104-1523

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 / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 38103859

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Gary D Crowell

Mailing Address 1291 Ne Highway 99W

City

McMinnville

State

OR

Zip Code

97128-2720

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2015

Transaction ID : 38103862

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1115.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Thomas Allen Dunn

Mailing Address PO Box 712

City

State

Zip Code

Troy

AL

36081-0712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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 / 16 / 2015

Transaction ID : 38103863

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. DR Anne K Matsushima

Mailing Address 654 12th Ave

City

State

Zip Code

Honolulu

HI

96816-2201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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 / 16 / 2015

Transaction ID : 38103864

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. John W Heltsley

Mailing Address 405 Warwick Way

City

State

Zip Code

Hopkinsville

KY

42240-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2015

Transaction ID : 38104109

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1400.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Randolph Brooks

Mailing Address 3 Schindler Dr

City Succasunna State NJ Zip Code 07876-1183

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 21 / 2015

Transaction ID : 38104322

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Jan L Cooper

Mailing Address 101 Chandler W

City Highland State CA Zip Code 92346-5482

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

04 / 21 / 2015

Transaction ID : 38104324

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

c. Dr. Mark E Schaeffer

Mailing Address 104 Hollywood Blvd

City Birmingham State AL Zip Code 35209-2036

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 21 / 2015

Transaction ID : 38104325

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

491.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Bradley M Lane

Mailing Address 111 Ridgeway Dr

City
Princeton

State
WV

Zip Code
24740-9775

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2015

Transaction ID : 38104818

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Randy L Hertneky

Mailing Address 333 S Ivy St

City
Yuma

State
CO

Zip Code
80759-2313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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 / 21 / 2015

Transaction ID : 38104864

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr. James Maxwell Ernst

Mailing Address 14 Bittersweet Dr

City
Alexandria

State
KY

Zip Code
41001-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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 / 22 / 2015

Transaction ID : 38105311

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Scott M Burks

Mailing Address PO Box 1351

City
Buffalo

State
MO

Zip Code
65622-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 22 / 2015

Transaction ID : 38105315

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. Dawn Marie Miller

Mailing Address 3004 E Lake Hill Dr

City
Orange

State
CA

Zip Code
92867-1910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 22 / 2015

Transaction ID : 38105317

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Dr. Jon Frederick Pederson

Mailing Address 1025 Milwaukee St

City
Denver

State
CO

Zip Code
80206-3337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

04 / 22 / 2015

Transaction ID : 38105318

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)..... ►

260.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. James W Wadley

Mailing Address 1349 Canterbury Dr

City

Abilene

State

TX

Zip Code

79602-4260

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 ▼

340.00

Date of Receipt

04 / 22 / 2015

Transaction ID : 38105320

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

B. Dr. Amanda A Wood

Mailing Address 12170 J Ave

City

Iowa Falls

State

IA

Zip Code

50126-8808

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

04 / 23 / 2015

Transaction ID : 38106275

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Richard W Phillips

Mailing Address 1977 Spring Hollow Ln

City

Germantown

State

TN

Zip Code

38139-5675

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

04 / 23 / 2015

Transaction ID : 38106276

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

545.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Richard Y Jacobson

Mailing Address 325 Woodmar Hts

City

Fort Dodge

State

IA

Zip Code

50501-3019

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 38106278

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Wing C Hsieh

Mailing Address 4014 Country Club Blvd

City

Sioux City

State

IA

Zip Code

51104-1306

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 / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 38106279

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Raymond Pirozzolo

Mailing Address 242 Edison St

City

Staten Island

State

NY

Zip Code

10306-3134

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2015

Transaction ID : 38106281

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

800.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Charlotte F Nielsen

Mailing Address 1120 E Washington St

City

Grayslake

State

IL

Zip Code

60030-7960

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 ▼

400.00

Date of Receipt

04 / 23 / 2015

Transaction ID : 38106286

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. Jason C Eubank

Mailing Address 10305 E 19th St N

City

Wichita

State

KS

Zip Code

67206-8913

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 ▼

500.00

Date of Receipt

04 / 23 / 2015

Transaction ID : 38107653

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr. Douglas Curtis Clark

Mailing Address 2530 Woodfern Cir

City

Birmingham

State

AL

Zip Code

35244-6405

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 ▼

300.00

Date of Receipt

04 / 24 / 2015

Transaction ID : 38107664

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

700.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Dori M Carlson

Mailing Address PO Box O

City

Park River

State

ND

Zip Code

58270-0714

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 ▼

666.68

Date of Receipt

04 / 24 / 2015

Transaction ID : 38107671

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr. Jeff A Hayden

Mailing Address 679 Plumtree Ln

City

Fenton

State

MI

Zip Code

48430-4207

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 ▼

400.00

Date of Receipt

04 / 24 / 2015

Transaction ID : 38107674

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Dr. Matthew C Gerstberger

Mailing Address 5500 E Allen Dr

City

Garden City

State

KS

Zip Code

67846-9612

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 ▼

500.00

Date of Receipt

04 / 24 / 2015

Transaction ID : 38111423

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

766.67

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Steven Richlin

Mailing Address 16225 Quemada Rd

City State Zip Code
 Encino CA 91436-3620

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 25 / 2015

Transaction ID : 38115826

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Steven K Brownmiller

Mailing Address 1004 Ridge Rd

City State Zip Code
 Denison IA 51442-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 25 / 2015

Transaction ID : 38115834

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr. Gregory A Caldwell

Mailing Address 225 Terrace Dr

City State Zip Code
 Lilly PA 15938-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 25 / 2015

Transaction ID : 38115838

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

791.67

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mario Joseph Contaldi

Mailing Address 7728 Mid Cities Blvd

City

N Richlnd Hls

State

TX

Zip Code

76180-4621

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 ▼

363.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2015

Transaction ID : 38115840

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

B. Dr. Jeffrey A Gonnason

Mailing Address 6721 Gloucester Pl

City

Anchorage

State

AK

Zip Code

99504-3343

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 ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2015

Transaction ID : 38115843

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

c. Dr. Brandon L Smith

Mailing Address 2660 Allen St

City

Salina

State

KS

Zip Code

67401-7626

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2015

Transaction ID : 38115844

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

424.91

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Frederick P Darin

Mailing Address 405 Tirrell Rd

City

Charlotte

State

MI

Zip Code

48813-2131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.36

Date of Receipt

04 / 25 / 2015

Transaction ID : 38115845

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

B. Dr. Jacqueline M Bowen

Mailing Address 3930 W 19th Street Ln

City

Greeley

State

CO

Zip Code

80634-3446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 26 / 2015

Transaction ID : 38115889

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr. Ron Benner

Mailing Address 1408 E Maryland Ln

City

Laurel

State

MT

Zip Code

59044-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.68

Date of Receipt

04 / 26 / 2015

Transaction ID : 38115892

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

350.01

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Dennis M Brtva

Mailing Address 57 Pebblebrook Ct

City

Bloomington

State

IL

Zip Code

61705-6300

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 ▼

727.30

Date of Receipt

04 / 26 / 2015

Transaction ID : 38115893

Amount of Each Receipt this Period

159.10

Full Name (Last, First, Middle Initial)

B. Dr. Rebecca H Wartman

Mailing Address 46 Lambeth Walk

City

Fairview

State

NC

Zip Code

28730-7721

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 ▼

800.00

Date of Receipt

04 / 26 / 2015

Transaction ID : 38115894

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr. Kenneth Ray Moultrie

Mailing Address 1809 Gaslight Way NE

City

Huntsville

State

AL

Zip Code

35801-1555

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 ▼

400.00

Date of Receipt

04 / 26 / 2015

Transaction ID : 38115895

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

459.10

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. David H Mc Kenzie JR

Mailing Address 478 Baker Blvd

City

State

Zip Code

Estill

SC

29918-3366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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
04 / 26 / 2015

Transaction ID : 38115896

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr. Michelle M Mc Kenzie

Mailing Address 478 Baker Blvd

City

State

Zip Code

Estill

SC

29918-3366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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
04 / 26 / 2015

Transaction ID : 38115897

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

c. Dr. MaryJane Healey

Mailing Address 6710 124th PI SE

City

State

Zip Code

Snohomish

WA

98296-8649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : 38115907

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

450.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. David S Hays

Mailing Address 8720 52nd Street Ct W

City

State

Zip Code

University Place

WA

98467-1758

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : 38115913

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Dr. Stevin Robert Minie

Mailing Address 17601 San Fernando Mission Blvd

City

State

Zip Code

Granada Hills

CA

91344-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : 38115914

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey W Jones

Mailing Address 107 Northcastle St

City

State

Zip Code

Longview

TX

75604-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : 38115916

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

269.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Denise L Roddy

Mailing Address 13605 S 18Th Pl

City

Bixby

State

OK

Zip Code

74008-3612

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 ▼

500.00

Date of Receipt

04 / 21 / 2015

Transaction ID : 38115918

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Suzanne Marienau Cardoza

Mailing Address 516 E Ash Ave

City

Hanford

State

CA

Zip Code

93230-6806

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 ▼

750.00

Date of Receipt

04 / 21 / 2015

Transaction ID : 38115919

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Dr. Jacqueline T Ueda

Mailing Address 3432 Oahu Ave

City

Honolulu

State

HI

Zip Code

96822-1254

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

04 / 21 / 2015

Transaction ID : 38115920

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1125.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. James Andrew Fitch

Mailing Address 18101 W Costley Rd

City State Zip Code
Amarillo TX 79119-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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 / 23 / 2015

Transaction ID : 38115990

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Gary M Hoffard

Mailing Address 17110 Driscoll St Nw

City State Zip Code
Anoka MN 55303-3130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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
04 / 23 / 2015

Transaction ID : 38115991

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. DR Stephen W Record

Mailing Address 1700 Lambs Rd

City State Zip Code
Charlottesville VA 22901-8910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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
04 / 23 / 2015

Transaction ID : 38115992

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

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875.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. James P DeVleming

Mailing Address 670 SE Meadow Vale Dr

City State Zip Code
 Pullman WA 99163-2445

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 27 / 2015

Transaction ID : 38120319

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. Dr. Zoey K Loomis

Mailing Address 3750 Highway 144

City State Zip Code
 Weldona CO 80653-9107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : 38128177

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

C. Dr. Andrea P Thau

Mailing Address 145 E 84th St Apt 11A

City State Zip Code
 New York NY 10028-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : 38128181

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

417.01

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Carey Patrick

Mailing Address 970 Patrician Ct

City

Fairview

State

TX

Zip Code

75069-8781

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 28 / 2015

Transaction ID : 38128187

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. Mira B Swiecicki

Mailing Address 664 Clark Rd

City

Bellingham

State

WA

Zip Code

98225-7842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

668.00

Date of Receipt

04 / 28 / 2015

Transaction ID : 38128190

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert L Jarrell III

Mailing Address 50 Cedar Hill Rd Ne

City

Albuquerque

State

NM

Zip Code

87122-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

666.68

Date of Receipt

04 / 28 / 2015

Transaction ID : 38128200

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

433.67

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Harue Jean Marsden

Mailing Address 1445 Prospect Ave Unit D

City
Placentia

State
CA

Zip Code
92870-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

04 / 28 / 2015

Transaction ID : 38128201

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr. Mitchell Todd Munson

Mailing Address 9940 Ashleigh Way

City

Highlands Ranch

State

CO

Zip Code

80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.76

Date of Receipt

04 / 28 / 2015

Transaction ID : 38128202

Amount of Each Receipt this Period

166.94

Full Name (Last, First, Middle Initial)

C. Dr. William Thomas Reynolds Jr.

Mailing Address 200 La Rose Ct

City

Richmond

State

KY

Zip Code

40475-7855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

04 / 28 / 2015

Transaction ID : 38128206

Amount of Each Receipt this Period

166.67

SUBTOTAL of Receipts This Page (optional)..... ►

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

500.28

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

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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Steven Thomas Reed

Mailing Address 4550 Simpson Highway 28 W

City State Zip Code
 Magee MS 39111-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : 38128210

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael Leslie Weeden

Mailing Address 2701 Gaines Rd

City State Zip Code
 Corinth MS 38834-5929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : 38128212

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr. Matthew A Kelleman

Mailing Address 6 Ridge Ct

City State Zip Code
 E Brunswick NJ 08816-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : 38128215

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

390.00

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

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for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Steve Nguyen

Mailing Address 7417 PRIMROSE DR

City State Zip Code
 IRVING TX 75063-5507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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 / 28 / 2015

Transaction ID : 38128220

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Kevin Gee

Mailing Address 9119 Highway 6 Ste 200

City State Zip Code
 Missouri City TX 77459-4876

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : 38128235

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr. Dirk Schrotenboer

Mailing Address 10729 Deer Ridge Ct

City State Zip Code
 Zeeland MI 49464-6830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : 38128237

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

766.67

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Deborah S Bernay

Mailing Address 1702 Rustic Oak Ln

City

Seabrook

State

TX

Zip Code

77586-4556

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 ▼

400.00

Date of Receipt

04 / 28 / 2015

Transaction ID : 38128239

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. Peter H Kehoe

Mailing Address 521 N Soangetaha Rd

City

Galesburg

State

IL

Zip Code

61401-5588

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 ▼

700.00

Date of Receipt

04 / 28 / 2015

Transaction ID : 38128246

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

c. Dr. Roger Joseph Trudell

Mailing Address 2565 Tamarack Ave

City

Boulder

State

CO

Zip Code

80304-0990

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 ▼

400.00

Date of Receipt

04 / 28 / 2015

Transaction ID : 38128248

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

375.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Christopher L Eddy

Mailing Address 6306 Buchanan St

City

Fort Collins

State

CO

Zip Code

80525-5810

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 ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2015

Transaction ID : 38128251

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Dr. Diane E Reddin

Mailing Address PO Box 66

City

Crawford

State

CO

Zip Code

81415-0066

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2015

Transaction ID : 38128253

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr. John Andrew Walters

Mailing Address 101 Benson Blvd

City

Madison

State

AL

Zip Code

35758-8513

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2015

Transaction ID : 38128504

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

484.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. DR David R Heitmeier

Mailing Address 32 Kings Canyon Dr

City

New Orleans

State

LA

Zip Code

70131-8658

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 ▼

500.00

Date of Receipt

04 / 29 / 2015

Transaction ID : 38141852

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr. Dan L Stadelman

Mailing Address 3927 Forest Rd

City

Davenport

State

IA

Zip Code

52807-2350

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 ▼

400.00

Date of Receipt

04 / 29 / 2015

Transaction ID : 38141853

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

c. Dr. Dan R Dye

Mailing Address 1501 Washington St

City

Eldora

State

IA

Zip Code

50627-2351

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 ▼

300.00

Date of Receipt

04 / 29 / 2015

Transaction ID : 38141854

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms Charlotte Nekota

Mailing Address 1253 S Beretania St
#3307

City State Zip Code
Honolulu HI 96814-1822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hawaii Optometric Assn

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2015

Transaction ID : 38141855

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Larry David Swanger

Mailing Address 1131 19th St

City State Zip Code
West Des Moines IA 50265-2342

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 / D D / Y Y Y Y Y
04 / 29 / 2015

Transaction ID : 38141856

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Page Allen Yarwood

Mailing Address 609 Kenwyn Rd

City State Zip Code
Oakland CA 94610-3714

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 / D D / Y Y Y Y Y
04 / 29 / 2015

Transaction ID : 38141857

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

800.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Michael John Portz

Mailing Address 1801 218th St

City

Red Oak

State

IA

Zip Code

51566-6000

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2015

Transaction ID : 38141858

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DR Orlin James Fick

Mailing Address 54 Keith Dr

City

Shenandoah

State

IA

Zip Code

51601-2601

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 / D D / Y Y Y Y Y Y
04 / 29 / 2015

Transaction ID : 38141859

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr. Dorothy L Hitchmoth

Mailing Address PO Box 302

City

New London

State

NH

Zip Code

03257-0302

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 ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 29 / 2015

Transaction ID : 38141861

Amount of Each Receipt this Period

88.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

588.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Kim Ashbrook Baxter

Mailing Address 1211 Custer Ct

City

North Platte

State

NE

Zip Code

69101-6313

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 38141864

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr. Bradley J Blumenstock

Mailing Address 404 E Tipperary St

City

Oneill

State

NE

Zip Code

68763-1154

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 38141865

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr. Brian D Brightman

Mailing Address 14000 Brush Creek Pl

City

Roca

State

NE

Zip Code

68430-4403

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 38141866

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Kyle M Cheatham

Mailing Address 18472 Van Camp Dr

City

Omaha

State

NE

Zip Code

68130-4251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2015

Transaction ID : 38141867

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr. Brian Donald Hinkley

Mailing Address 5430 Sawgrass Dr

City

Lincoln

State

NE

Zip Code

68526-9625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2015

Transaction ID : 38141878

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr. John Todd Mahoney

Mailing Address 1301 Meadowlark Dr

City

Scottsbluff

State

NE

Zip Code

69361-4918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

04 / 30 / 2015

Transaction ID : 38141887

Amount of Each Receipt this Period

320.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1120.00

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. David S Michaels

Mailing Address 10655 Ridgemont Cir

City

Omaha

State

NE

Zip Code

68136-4029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2015

Transaction ID : 38141891

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr. Brett Alanh Monson

Mailing Address 1011 Michael Dr

City

Papillion

State

NE

Zip Code

68046-6135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2015

Transaction ID : 38141892

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr. Todd David Pfeil

Mailing Address 8900 Truchard Rd

City

Lincoln

State

NE

Zip Code

68526-9720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 30 / 2015

Transaction ID : 38141895

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Steven P Sandman

Mailing Address 1806 Wildwood Cir

City

Beatrice

State

NE

Zip Code

68310-5149

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 38141899

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr. Kimberly J Tucker

Mailing Address 2710 Woodcrest Ave

City

Lincoln

State

NE

Zip Code

68502-4059

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 38142960

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr. Ellen L Weiss

Mailing Address 13603 Pflug Rd

City

Springfield

State

NE

Zip Code

68059-4838

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 38142984

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1200.00

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Douglas C Rienks

Mailing Address 7740 SW 13th St

City
Lincoln

State
NE

Zip Code
68523-9056

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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 / 30 / 2015

Transaction ID : 38142987

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Donald B Leach

Mailing Address Po Box 129

City
Los Lunas

State
NM

Zip Code
87031-0129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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 / 30 / 2015

Transaction ID : 38143022

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Dr. Brian J Kane

Mailing Address 6507 Derby Dr

City
Mayfield Village

State
OH

Zip Code
44143-3420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

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 / 30 / 2015

Transaction ID : 38144943

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

850.00

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Paul Alfred Tachau

Mailing Address 12 Coyote Hills Ln

City

Santa Fe

State

NM

Zip Code

87505-8174

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 ▼

1000.00

Date of Receipt

04 / 30 / 2015

Transaction ID : 38144969

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr. Cody L Hoss

Mailing Address 206 N LaMar Ave

City

Haysville

State

KS

Zip Code

67060-1238

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 ▼

365.00

Date of Receipt

04 / 30 / 2015

Transaction ID : 38144971

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Dr. Gary Michael Stremcha

Mailing Address 1430 12th St

City

Havre

State

MT

Zip Code

59501-4688

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

04 / 30 / 2015

Transaction ID : 38144972

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1615.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jeff A Netzel

Mailing Address 2320 Huntsboro Ln

City

Springdale

State

AR

Zip Code

72762-8116

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 / D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : 38144973

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms Adrienne M. Drollette

Mailing Address P.O. Box 1206

City

Wilson

State

NC

Zip Code

27894-1206

FEC ID number of contributing
federal political committee.

C

Name of Employer

The North Carolina State Optometric So

Occupation

Executive Director

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 / 30 / 2015

Transaction ID : 38144974

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C.

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

750.00

52241.06

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mikulski For Senate Committee

Mailing Address PO Box 13147

City
Baltimore

State
MD

Zip Code
21203

FEC ID number of contributing
federal political committee.

C C00199273

Name of Employer

Occupation

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

04 / **01** / **2015**

Transaction ID : 38066820

Amount of Each Receipt this Period

5000.00

Refund

Full Name (Last, First, Middle Initial)

B.

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

5000.00

5000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. WellsFargo

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement
Bank Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2015
Transaction ID : 38082448

Amount of Each Disbursement this Period

963.85

Bank Fees

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Visa/MC Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2015
Transaction ID : 38148255

Amount of Each Disbursement this Period

1777.63

Visa/MC Fees

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
American Express Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2015
Transaction ID : 38148256

Amount of Each Disbursement this Period

366.47

American Express Fees

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3107.95

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015
Transaction ID : 38148257

Amount of Each Disbursement this Period

134.93

Bank Fees

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

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

134.93

3242.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<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 Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2015

Mailing Address 120 Maryland Avenue, N.E.

City	State	Zip Code
Washington	DC	20002

Transaction ID : 38071472Purpose of Disbursement
Committee Contribution

011

Amount of Each Disbursement this Period

Candidate Name

15000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Committee Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. Kurt Schrader For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2015

Mailing Address PO Box 3314

City	State	Zip Code
Oregon City	OR	97045

Transaction ID : 38104865Purpose of Disbursement
Candidate Contribution

011

Amount of Each Disbursement this Period

Candidate Name

2500.00

Rep. Kurt Schrader

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2016	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

Candidate Contribution

State: OR District: 05

Full Name (Last, First, Middle Initial)

C. Buddy Carter For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2015

Mailing Address 200 E St Julian St Suite 603

City	State	Zip Code
Savannah	GA	31401

Transaction ID : 38104867Purpose of Disbursement
Candidate Contribution

011

Amount of Each Disbursement this Period

Candidate Name

1000.00

Earl Carter

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2016	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

Candidate Contribution

State: GA District: 01

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

18500.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American Optometric Association Political Action Committee

01:

Candidate Contribution

01

Candidate Contribution

22000.00