

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 OF 109
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Dr. Daniel T Nowak
Full Name (Last, First, Middle Initial)

Mailing Address 2514 Skyline Oaks Dr

City De Pere State WI Zip Code 54115-8175

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
06 / 25 / 2015
Transaction ID : 38307086

Amount of Each Receipt this Period
365.00

B. DR Bridget A Milliken
Full Name (Last, First, Middle Initial)

Mailing Address 581 Weecama Dr

City Ferriday State LA Zip Code 71334-4676

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
06 / 25 / 2015
Transaction ID : 38307087

Amount of Each Receipt this Period
365.00

C. Dr. Paul W Beaver
Full Name (Last, First, Middle Initial)

Mailing Address 386 9th St SW

City Sioux Center State IA Zip Code 51250-1366

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
06 / 25 / 2015
Transaction ID : 38307088

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	980.00
TOTAL This Period (last page this line number only).....▶	