

**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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
02 01 2013

through

M M M / D D D / Y Y Y Y Y Y
02 28 2013

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
03 12 2013

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
02 01 2013 To: M M / D D / Y Y Y Y Y Y
02 28 2013

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013 | | 487852.98 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 451719.65 | |
| (c) Total Receipts (from Line 19) | 42677.14 | 88673.35 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 494396.79 | 576526.33 |
| 7. Total Disbursements (from Line 31) | 25137.28 | 107266.82 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 469259.51 | 469259.51 |
| 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 Y
 02 01 2013

To:

 M M / D D / Y Y Y Y Y
 02 28 2013
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).....

27915.31

52804.03

(ii) Unitemized

14752.49

35837.19

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

42667.80

88641.22

(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)

42667.80

88641.22

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

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

9.34

32.13

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))..... ▶

42677.14

88673.35

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

42677.14

88673.35

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 | 2137.28 | 4266.82 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 2137.28 | 4266.82 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 23000.00 | 103000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 25137.28 | 107266.82 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 25137.28 | 107266.82 |

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) | 42667.80 | 88641.22 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 42667.80 | 88641.22 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 2137.28 | 4266.82 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 2137.28 | 4266.82 |

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

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

FOR LINE NUMBER: PAGE 6 OF 33
(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 Lori R Roberts

Mailing Address 1205 Flowering Oak Way

City State Zip Code
 Mount Pleasant SC 29466-9298

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
 02 / 01 / 2013

Transaction ID : 35747923

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 02 / 2013

Transaction ID : 35748467

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Robert L Jarrell III

Mailing Address 50 Cedar Hill Rd Ne

City State Zip Code
 Albuquerque NM 87122-1928

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 ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 03 / 2013

Transaction ID : 35748472

Amount of Each Receipt this Period

166.67

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

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

1416.67

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

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

FOR LINE NUMBER: PAGE 7 OF 33
(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 Samuel D Pierce

Mailing Address 2679 Vesclub Cir

City

Vestavia

State

AL

Zip Code

35216-1356

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

MM / DD / YYYY
02 / 04 / 2013

Transaction ID : 35748482

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Clarke Newman

Mailing Address 3311 Throckmorton St.
Apt A4

City

Dallas

State

TX

Zip Code

75219-3663

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

MM / DD / YYYY
02 / 05 / 2013

Transaction ID : 35752710

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Christopher D Morris

Mailing Address 809 Brookside Ct

City

Rogers

State

AR

Zip Code

72758-8156

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

MM / DD / YYYY
02 / 07 / 2013

Transaction ID : 35770432

Amount of Each Receipt this Period

365.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 33
(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 Linda R Medeski

Mailing Address 1805 Ne Blair Rd

City State Zip Code
 Camas WA 98607-9191

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
 02 / 07 / 2013

Transaction ID : 35770546

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Rebecca H Wartman

Mailing Address 46 Lambeth Walk

City State Zip Code
 Fairview NC 28730-7721

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
 02 / 08 / 2013

Transaction ID : 35779111

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr William Thomas Reynolds Jr

Mailing Address 200 La Rose Ct

City State Zip Code
 Richmond KY 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 ▼

354.99

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 08 / 2013

Transaction ID : 35779116

Amount of Each Receipt this Period

164.51

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

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

729.51

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 33

☒ 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 Arthur 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

02 / 09 / 2013

Transaction ID : 35785227

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Joe Ernest 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 ▼

333.34

Date of Receipt

02 / 11 / 2013

Transaction ID : 35785253

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Steven S Hider

Mailing Address 8540 Alegre Ave

City

Atascadero

State

CA

Zip Code

93422-5000

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

02 / 13 / 2013

Transaction ID : 35791924

Amount of Each Receipt this Period

1000.00

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

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

1366.67

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 33

☒ 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 James Dylan Vaught

Mailing Address 1305 Collins St

City

Conway

State

SC

Zip Code

29526-3624

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

02 / 13 / 2013

Transaction ID : 35792463

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Greg A Caldwell

Mailing Address 225 Terrace Dr

City

Lilly

State

PA

Zip Code

15938-5819

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 ▼

333.34

Date of Receipt

02 / 14 / 2013

Transaction ID : 35793546

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Jerry Sude

Mailing Address 3671 Tamarisk Dr

City

Fairlawn

State

OH

Zip Code

44333-9219

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

02 / 12 / 2013

Transaction ID : 35805338

Amount of Each Receipt this Period

250.00

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
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 33

☒ 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 Ellen Mary Dohr

Mailing Address 2050 Sheldrake Ave

City

Okemos

State

MI

Zip Code

48864-3634

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

02 / 12 / 2013

Transaction ID : 35805341

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Roger Seelye

Mailing Address 5122 Lake Dr

City

Owosso

State

MI

Zip Code

48867-8711

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 ▼

2000.00

Date of Receipt

02 / 16 / 2013

Transaction ID : 35808397

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Dr Ronald Lee Hopping

Mailing Address 1801 Creekside Dr

City

Friendswood

State

TX

Zip Code

77546-7821

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 ▼

333.34

Date of Receipt

02 / 19 / 2013

Transaction ID : 35823622

Amount of Each Receipt this Period

166.67

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

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

2416.67

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

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

FOR LINE NUMBER: PAGE 12 OF 33
(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 Desiree Tyer Hopping

Mailing Address 1801 Creekside Dr

City State Zip Code
 Friendswood TX 77546-7821

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 ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2013

Transaction ID : 35823623

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Harue Jean Marsden

Mailing Address 1445 Prospect Ave
 Unit D

City State Zip Code
 Placentia CA 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 ▼

388.80

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2013

Transaction ID : 35823626

Amount of Each Receipt this Period

194.40

Full Name (Last, First, Middle Initial)

C. Dr Mitchell Todd Munson

Mailing Address 9940 Ashleigh Way

City State Zip Code
 Highlands Ranch CO 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 ▼

333.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 19 / 2013

Transaction ID : 35823628

Amount of Each Receipt this Period

166.94

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

528.01

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

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

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FOR LINE NUMBER: PAGE 13 OF 33
(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 Susan M Brunnett

Mailing Address 9940 Ashleigh Way

City State Zip Code
 Highlands Ranch CO 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 ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 19 / 2013

Transaction ID : 35823629

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Viktoria L Davis

Mailing Address 310 E Main St

City State Zip Code
 Madelia MN 56062-1735

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
 02 / 21 / 2013

Transaction ID : 35830308

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr George W Robertson

Mailing Address 501 11Th St Nw

City State Zip Code
 Buffalo MN 55313-1035

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
 02 / 21 / 2013

Transaction ID : 35830316

Amount of Each Receipt this Period

365.00

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

781.67

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

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

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FOR LINE NUMBER:
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PAGE 14 OF 33

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jennifer L Planitz

Mailing Address 3537 Newcastle Dr Se

City State Zip Code
 Rio Rancho NM 87124-3672

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 ▼

909.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 21 / 2013

Transaction ID : 35830322

Amount of Each Receipt this Period

454.50

Full Name (Last, First, Middle Initial)

B. Dr Fred E Goldberg

Mailing Address 6924 Butternut Ct

City State Zip Code
 McLean VA 22101-1506

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
 02 / 11 / 2013

Transaction ID : 35830433

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Robert A Nicacio

Mailing Address 1805 Ne Blair Rd

City State Zip Code
 Camas WA 98607-9191

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
 02 / 08 / 2013

Transaction ID : 35830434

Amount of Each Receipt this Period

250.00

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

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

1204.50

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

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PAGE 15 OF 33

☒ 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 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 ▼

254.50

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2013

Transaction ID : 35831813

Amount of Each Receipt this Period

127.25

Full Name (Last, First, Middle Initial)

B. Dr La Mar W Gunnarson

Mailing Address 203 Hawkins Dr

City

Brainerd

State

MN

Zip Code

56401-3916

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
02 / 21 / 2013

Transaction ID : 35831928

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr Morgan Brent Moore

Mailing Address 1520 Chaparral Rd

City

Burkburnett

State

TX

Zip Code

76354-2835

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
02 / 21 / 2013

Transaction ID : 35832272

Amount of Each Receipt this Period

250.00

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

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

742.25

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

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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 16 OF 33

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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 Curtis M Simmons

Mailing Address 109 Treetop Dr

City

Santa Cruz

State

CA

Zip Code

95060-1305

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

02 / 21 / 2013

Transaction ID : 35832275

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr David L Farberow

Mailing Address 870 Calabasas Rd

City

Watsonville

State

CA

Zip Code

95076-0418

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

02 / 21 / 2013

Transaction ID : 35832276

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Joseph J Jordan Jr

Mailing Address 971 Suncook Valley Rd

City

Alton

State

NH

Zip Code

03809-5212

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 ▼

333.34

Date of Receipt

02 / 23 / 2013

Transaction ID : 35832806

Amount of Each Receipt this Period

166.67

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

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

666.67

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

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FOR LINE NUMBER: PAGE 17 OF 33
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Elliott M Rosengarten

Mailing Address 7135 Shefford Ln

City

Louisville

State

KY

Zip Code

40242-2854

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

02 / 23 / 2013

Transaction ID : 35832811

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Barry J Barresi

Mailing Address 659 Spyglass Summit Dr

City

Chesterfield

State

MO

Zip Code

63017-2142

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 ▼

333.34

Date of Receipt

02 / 23 / 2013

Transaction ID : 35832814

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Chris R Fields

Mailing Address 173 Peterkin Hill Rd

City

S Woodstock

State

VT

Zip Code

05071-4500

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 ▼

334.00

Date of Receipt

02 / 23 / 2013

Transaction ID : 35832815

Amount of Each Receipt this Period

167.00

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

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

583.67

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

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Detailed Summary Page

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(check only one)

PAGE 18 OF 33

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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 Dori M Carlson

Mailing Address 121 Briggs Ave N

City

Park River

State

ND

Zip Code

58270-4507

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 ▼

333.34

Date of Receipt

02 / 24 / 2013

Transaction ID : 35832853

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Joe Wesley De Loach

Mailing Address 504 Edgelake Dr

City

Dallas

State

TX

Zip Code

75218-2111

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 ▼

218.00

Date of Receipt

02 / 25 / 2013

Transaction ID : 35832884

Amount of Each Receipt this Period

109.00

Full Name (Last, First, Middle Initial)

c. Dr Michelle Cooper

Mailing Address 35 Bellows Falls Dr

City

Greer

State

SC

Zip Code

29650-4769

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

02 / 27 / 2013

Transaction ID : 35844059

Amount of Each Receipt this Period

500.00

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

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

775.67

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

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FOR LINE NUMBER: PAGE 19 OF 33
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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 Maryjane Healey

Mailing Address 6710 124Th PI Se

City

Snohomish

State

WA

Zip Code

98296-8649

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
02 / 27 / 2013

Transaction ID : 35844061

Amount of Each Receipt this Period

200.00

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 35846526

Amount of Each Receipt this Period

166.67

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 ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 35846527

Amount of Each Receipt this Period

166.67

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

533.34

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FOR LINE NUMBER: PAGE 20 OF 33
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Peter H Kehoe

Mailing Address 789 N Broad St

City
Galesburg

State
IL

Zip Code
61401-2766

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 35846536

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. Dr Andrea P Thau

Mailing Address 145 E 84Th St
Apt 11A

City
New York

State
NY

Zip Code
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 ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 35846540

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. 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

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
02 / 28 / 2013

Transaction ID : 35846544

Amount of Each Receipt this Period

200.00

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

541.67

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

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

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FOR LINE NUMBER: PAGE 21 OF 33
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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 Michael E Bennett

Mailing Address 4940 Victoria Pl

City State Zip Code
Guthrie OK 73044-8668

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 ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 35846556

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Steve N 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 35846618

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Dennis Keith Neely

Mailing Address 4309 Irvin Dr

City State Zip Code
Midland TX 79705-9712

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
02 / 28 / 2013

Transaction ID : 35846619

Amount of Each Receipt this Period

2000.00

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

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

2416.67

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 22 OF 33
(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 Monica L Allison

Mailing Address 24115 Seven Winds

City

San Antonio

State

TX

Zip Code

78258-7267

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 35846663

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dr Peter J Cass

Mailing Address 185 Creekwood St

City

Lumberton

State

TX

Zip Code

77657-8245

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 35846664

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Dr James H Moser Jr

Mailing Address 8250 Quail Hollow Dr

City

Texarkana

State

TX

Zip Code

75503-9652

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
02 / 28 / 2013

Transaction ID : 35846678

Amount of Each Receipt this Period

250.00

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

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

4250.00

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

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FOR LINE NUMBER: PAGE 23 OF 33
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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 John M Nevelow

Mailing Address 65 Inwood Heights Dr N

City

San Antonio

State

TX

Zip Code

78248-2314

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

02 / 26 / 2013

Transaction ID : 35846682

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Rod L Rallo

Mailing Address 1111 Forest Trail Pl

City

Louisville

State

KY

Zip Code

40245-4384

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

02 / 26 / 2013

Transaction ID : 35846683

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Brett D Mc Donough

Mailing Address 9441 Windrose Cir

City

Chattanooga

State

TN

Zip Code

37421-4820

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

02 / 26 / 2013

Transaction ID : 35846684

Amount of Each Receipt this Period

365.00

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

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

865.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 33

☒ 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 Wesley Edward Pittman

Mailing Address Po Box 590

City
Mexia

State
TX

Zip Code
76667-0590

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
02 / 28 / 2013

Transaction ID : 35846688

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.82

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 35846722

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr Morgan Brent Moore

Mailing Address 1520 Chaparral Rd

City

Burkburnett

State

TX

Zip Code

76354-2835

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 35847208

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 33
(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 Sandra K Fortenberry

Mailing Address 12406 Wandering Trl

City

San Antonio

State

TX

Zip Code

78249-2109

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

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : 35847209

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Wendy L Broussard

Mailing Address 10000 Milky Way Ln

City

Beaumont

State

TX

Zip Code

77705-9218

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

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : 35847210

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr John W Mc Cormick Jr

Mailing Address 11601 Santa Cruz Dr

City

Austin

State

TX

Zip Code

78759-4220

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

MM / DD / YYYY
02 / 28 / 2013

Transaction ID : 35847211

Amount of Each Receipt this Period

2000.00

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

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

2865.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 33
(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jenny G Terrell

Mailing Address 2024 Mountainview Dr

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Hurst | TX | 76054-2920 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 35847212

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dr Bernie V Rottach

Mailing Address 10 Homedale Rd

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Hopkins | MN | 55343-8518 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2013

Transaction ID : 35847223

Amount of Each Receipt this Period

300.00

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:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

2300.00

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

27915.31

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

PAGE 27 OF 33

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 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
AE Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 05 2013
Transaction ID : 35848594

Amount of Each Disbursement this Period

143.55

AE 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

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 01 2013
Transaction ID : 35848599

Amount of Each Disbursement this Period

951.45

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
Bank Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 15 2013
Transaction ID : 35848602

Amount of Each Disbursement this Period

69.91

Bank Fees

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

1164.91

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

PAGE 28 OF 33

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. WellsFargo

Mailing Address 1650 Tyson Blvd.

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| McLean | VA | 22102 |

Purpose of Disbursement
Bank Fees

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

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

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 11 | | 2013 |

Transaction ID : 35848941

Amount of Each Disbursement this Period

| |
|--------|
| 972.37 |
|--------|

Bank Fees

B.

Full Name (Last, First, Middle Initial)

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

| | |
|----------------|---|
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

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

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D 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: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |
| State: | District: |

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

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D 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)..... ►

972.37

2137.28

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

PAGE 29 OF 33

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Republican National Committee

Mailing Address 310 First Street, S.E.

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Purpose of Disbursement
Committee Contribution

Candidate Name

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

State: District:

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 04 | | 2013 |

Transaction ID : 35748542

Amount of Each Disbursement this Period

| |
|----------|
| 15000.00 |
|----------|

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Bill Cassidy For Congress

Mailing Address PO Box 80505

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Baton Rouge | LA | 70898 |

Purpose of Disbursement
Void

Candidate Name

Rep. William Cassidy MD

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

State: LA District: 06

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 05 | | 2013 |

Transaction ID : 35757072

Amount of Each Disbursement this Period

| |
|----------|
| -5000.00 |
|----------|

Void

Full Name (Last, First, Middle Initial)

C. Bill Cassidy For Congress

Mailing Address PO Box 80505

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Baton Rouge | LA | 70898 |

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. William Cassidy MD

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

State: LA District: 06

Disbursement For: 2014

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ | |

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 02 | | 05 | | 2013 |

Transaction ID : 35757139

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Candidate Contribution

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

| |
|----------|
| 12500.00 |
|----------|

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

PAGE 30 OF 33

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. REINVENTING A NEW DIRECTION - RANDPAC

Mailing Address PO BOX 72598

| | | |
|-----------------|-------------|-------------------|
| City NEWPORT | State KY | Zip Code 41072 |
|-----------------|-------------|-------------------|

Purpose of Disbursement
Committee Contribution

011

Candidate Name

REINVENTING A NEW DIRECTION - RANDPACCategory/
Type

| | |
|----------------|------------------------------------|
| 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) ▼ | |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 12 | | 2013 |

Transaction ID : 35789708

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Renee Ellmers For Congress Committee

Mailing Address P.O. Box 904

| | | |
|--------------|-------------|-------------------|
| City Dunn | State NC | Zip Code 28335 |
|--------------|-------------|-------------------|

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Renee Ellmers RNCategory/
Type

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

| | |
|-------------------|--|
| Disbursement For: | 2014 |
| | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

State: NC District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 12 | | 2013 |

Transaction ID : 35789709

Amount of Each Disbursement this Period

| |
|---------|
| 1500.00 |
|---------|

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. McKinley For Congress

Mailing Address PO Box 642

| | | |
|--------------------|-------------|-------------------|
| City Morgantown | State WV | Zip Code 26507 |
|--------------------|-------------|-------------------|

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. David McKinleyCategory/
Type

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

| | |
|-------------------|--|
| Disbursement For: | 2014 |
| | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | <input type="checkbox"/> Other (specify) ▼ |

State: WV District: 01

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 12 | | 2013 |

Transaction ID : 35789710

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Candidate Contribution

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

| |
|---------|
| 5000.00 |
|---------|

| |
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| |
|--|

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

PAGE 31 OF 33

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Reed Committee

Mailing Address PO Box 8628

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Cranston | RI | 02920 |

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Jack Francis ReedCategory/
Type

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

| |
|--|
| Disbursement For: 2014 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: RI District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 20 | / | 2013 |

Transaction ID : 35830180

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Pompeo For Congress Inc

Mailing Address PO Box 780146

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Wichita | KS | 67212 |

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Mike PompeoCategory/
Type

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

| |
|--|
| Disbursement For: 2014 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: KS District: 04

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 25 | / | 2013 |

Transaction ID : 35835461

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Alexander for Senate, Inc.

Mailing Address P.O. Box 121919

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Nashville | TN | 37212 |

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Lamar AlexanderCategory/
Type

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

| |
|--|
| Disbursement For: 2014 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: TN District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 25 | / | 2013 |

Transaction ID : 35835462

Amount of Each Disbursement this Period

| |
|---------|
| 2000.00 |
|---------|

Candidate Contribution

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

| |
|---------|
| 5500.00 |
|---------|

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

PAGE 32 OF 33

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. Schakowsky For Congress

Mailing Address P.O. Box 5130

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Evanston | IL | 60204 |

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Jan D. SchakowskyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 09

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 25 | / | 2013 |

Transaction ID : 35835463

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Country Roads PAC

Mailing Address PO BOX 1387

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| CHARLESTON | WV | 25325 |

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Country Roads PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 25 | / | 2013 |

Transaction ID : 35842482

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Committee Contribution

Full Name (Last, First, Middle Initial)

C. REINVENTING A NEW DIRECTION - RANDPAC

Mailing Address PO BOX 72598

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| NEWPORT | KY | 41072 |

Purpose of Disbursement
Void

011

Candidate Name

REINVENTING A NEW DIRECTION - RANDPACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | / | 26 | / | 2013 |

Transaction ID : 35843047

Amount of Each Disbursement this Period

| |
|----------|
| -1000.00 |
|----------|

Void

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

| |
|---------|
| 2500.00 |
|---------|

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

PAGE 33 OF 33

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. TAC PACMailing Address 228 S. Washington Street
Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Void

Candidate Name

TAC PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 26 | | 2013 |

Transaction ID : 35843048

Amount of Each Disbursement this Period

| |
|----------|
| -2500.00 |
|----------|

Void

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D 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
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D 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)..... ►

| |
|----------|
| -2500.00 |
|----------|

| |
|----------|
| 23000.00 |
|----------|