

**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 2014

through

M M M / D D D / Y Y Y Y Y Y
02 28 2014

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 17 2014

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 02 / 01 / 2014 To: M M / D D / Y Y Y Y Y 02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		503410.42
(b) Cash on Hand at Beginning of Reporting Period.....	410106.03	
(c) Total Receipts (from Line 19)	38533.86	87729.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	448639.89	591140.08
7. Total Disbursements (from Line 31)	37129.13	179629.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	411510.76	411510.76
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
 02 01 2014

To:

 M M / D D / Y Y Y Y
 02 28 2014
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).....

24637.24

53467.84

(ii) Unitemized

13887.36

34216.79

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

38524.60

87684.63

(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)

38524.60

87684.63

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.).....

9.26

45.03

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))..... ▶

38533.86

87729.66

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

38533.86

87729.66

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	2129.13	80129.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2129.13	80129.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	99500.00
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)) ..	37129.13	179629.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37129.13	179629.32

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)	38524.60	87684.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38524.60	87684.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2129.13	80129.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2129.13	80129.32

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 35

☒ 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 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 06 / 2014

Transaction ID : 36857741

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Linda Medeski-Nicacio

Mailing Address 1805 NE Blair Rd

City

Camas

State

WA

Zip Code

98607-9191

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
02 / 07 / 2014

Transaction ID : 36858498

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr Christopher 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2014

Transaction ID : 36858499

Amount of Each Receipt this Period

365.00

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

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

1230.00

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 35

(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 Ryan Corte

Mailing Address 3734 N Wilton Ave Apt 2N

City State Zip Code
 Chicago IL 60613-5689

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
 02 / 08 / 2014

Transaction ID : 36859997

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Candace D Hamel

Mailing Address 28900 Se Currin Rd

City State Zip Code
 Estacada OR 97023-8835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Oregon Optometric Physicians Associati

Executive Director

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
 02 / 04 / 2014

Transaction ID : 36861122

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Martin Carroll

Mailing Address 3700 Essex Rd

City State Zip Code
 Cheyenne WY 82001-1641

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
 02 / 15 / 2014

Transaction ID : 36869522

Amount of Each Receipt this Period

200.00

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

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

1450.00

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
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Michael Ernest Heil

Mailing Address 25904 210th Ave SE

City

Maple Valley

State

WA

Zip Code

98038-7530

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 ▼

520.00

Date of Receipt

02 / 16 / 2014

Transaction ID : 36875789

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Thomas Annunziato

Mailing Address 11700 Northview Dr

City

Aledo

State

TX

Zip Code

76008-5223

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 ▼

166.66

Date of Receipt

02 / 18 / 2014

Transaction ID : 36886474

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Dr Susan 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.34

Date of Receipt

02 / 19 / 2014

Transaction ID : 36889011

Amount of Each Receipt this Period

166.67

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 35
(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 Paul Barney

Mailing Address 8232 SKYHILLS DR

City

ANCHORAGE

State

AK

Zip Code

99502-3987

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
02 / 14 / 2014

Transaction ID : 36889074

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Dr April L Jasper

Mailing Address Po Box 2375

City

West Palm Bch

State

FL

Zip Code

33402-2375

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
02 / 14 / 2014

Transaction ID : 36889075

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Dana Cocke

Mailing Address 7813 Pacific Ave

City

Tacoma

State

WA

Zip Code

98408-7028

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

M M / D D / Y Y Y Y Y
02 / 14 / 2014

Transaction ID : 36889076

Amount of Each Receipt this Period

365.00

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

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

3365.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 35
(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 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

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 / 14 / 2014

Transaction ID : 36889853

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Lynn Smith Hammonds

Mailing Address 2725 Smyer Rd

City State Zip Code
Vestavia AL 35216-1026

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 / 20 / 2014

Transaction ID : 36895741

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Thomas Annunziato

Mailing Address 11700 Northview Dr

City State Zip Code
Aledo TX 76008-5223

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 ▼

1166.66

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 18 / 2014

Transaction ID : 36896549

Amount of Each Receipt this Period

1000.00

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

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

2166.67

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 11 OF 35
(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 David W Wineland

Mailing Address 8400 Concord Rd

City State Zip Code
 Johnstown OH 43031-8154

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 ▼

254.50

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 18 / 2014

Transaction ID : 36896558

Amount of Each Receipt this Period

127.25

Full Name (Last, First, Middle Initial)

B. 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 / 20 / 2014

Transaction ID : 36896754

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Viktoria 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 / 2014

Transaction ID : 36896818

Amount of Each Receipt this Period

250.00

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

1377.25

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

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

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

FOR LINE NUMBER:
(check only one)

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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

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 21 / 2014

Transaction ID : 36896820

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.34

Date of Receipt

02 / 21 / 2014

Transaction ID : 36896821

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Desiree Tyler 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

333.34

Date of Receipt

02 / 21 / 2014

Transaction ID : 36896822

Amount of Each Receipt this Period

166.67

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

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

533.34

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 OF 35
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Jan Cooper

Mailing Address 101 Chandler W

City State Zip Code
 Highland CA 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 ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 21 / 2014

Transaction ID : 36896824

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Adrienne Ari

Mailing Address 37 Hunt St

City State Zip Code
 Fort Bragg NC 28307-2026

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 / 21 / 2014

Transaction ID : 36896945

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Edward M Kosnoski

Mailing Address 305 Kensington Ave S

City State Zip Code
 Kent WA 98030-7004

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 / 2014

Transaction ID : 36897885

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**

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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 Kevin J Krajewski

Mailing Address 14244 W Evans Cir

City

Lakewood

State

CO

Zip Code

80228-5929

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
02 / 21 / 2014

Transaction ID : 36897893

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr Christopher L Jons

Mailing Address 618 Apache Dr

City

Buffalo

State

WY

Zip Code

82834-2514

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
02 / 21 / 2014

Transaction ID : 36897895

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

c. Dr Angelique M Sawyer

Mailing Address 3 Crowell Ct

City

Litchfield

State

NH

Zip Code

03052-1087

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
02 / 22 / 2014

Transaction ID : 36898043

Amount of Each Receipt this Period

250.00

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

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

915.00

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 Barry 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2014

Transaction ID : 36898045

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2014

Transaction ID : 36898046

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 23 / 2014

Transaction ID : 36898050

Amount of Each Receipt this Period

167.00

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

500.34

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

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 Dori 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

M M / D D / Y Y Y Y Y
02 / 24 / 2014

Transaction ID : 36898077

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Diane Cowger

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 24 / 2014

Transaction ID : 36898543

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Gerald Neidigh Jr

Mailing Address 3030 Middlewood Rd

City

Midlothian

State

VA

Zip Code

23113-2167

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 / 25 / 2014

Transaction ID : 36899424

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**

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Greg 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

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 / 25 / 2014

Transaction ID : 36899429

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr James Boccuzzi

Mailing Address 689 Mansfield City Rd

City
Storrs Mansfield

State
CT

Zip Code
06268-2728

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 / 25 / 2014

Transaction ID : 36899435

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. 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

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 / 25 / 2014

Transaction ID : 36899446

Amount of Each Receipt this Period

200.00

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

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

616.67

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert Carl Layman

Mailing Address 4937 Homerdale Ave

City

Toledo

State

OH

Zip Code

43623-2930

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
02 / 25 / 2014

Transaction ID : 36899450

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr William A Howe

Mailing Address 2415 K St

City

Sacramento

State

CA

Zip Code

95816-5001

FEC ID number of contributing
federal political committee.

C

Name of Employer

California Optometric Assn

Occupation

Executive Director

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
02 / 25 / 2014

Transaction ID : 36899474

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr John W Heltsley

Mailing Address 405 Warwick Way

City

Hopkinsville

State

KY

Zip Code

42240-1408

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
02 / 25 / 2014

Transaction ID : 36899544

Amount of Each Receipt this Period

400.00

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

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

1150.00

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Donald Shute

Mailing Address 809 N 49th Ct

City

Yakima

State

WA

Zip Code

98908-2517

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
02 / 26 / 2014

Transaction ID : 36899960

Amount of Each Receipt this Period

500.00

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2014

Transaction ID : 36900616

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Christine C Donahue

Mailing Address 90 Hitching Post Ln

City

Bedford

State

NH

Zip Code

03110-4925

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 / 19 / 2014

Transaction ID : 36900620

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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Detailed Summary Page

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. 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

M M / D D / Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : 36903960

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Maryjane Healey

Mailing Address 6710 124Th Pl 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : 36903979

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr Elizabeth Christensen

Mailing Address 309 Horizon Dr

City

Encinitas

State

CA

Zip Code

92024-4148

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 27 / 2014

Transaction ID : 36903980

Amount of Each Receipt this Period

10.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 35
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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 Wesley Edward Pittman

Mailing Address PO Box 590

City State Zip Code
 Mexia TX 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 / 2014

Transaction ID : 36905466

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Jeffrey K Smith

Mailing Address 145 Unity Ln

City State Zip Code
 Crossett AR 71635-9175

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 / 2014

Transaction ID : 36905475

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr Peter H Kehoe

Mailing Address 789 N Broad St

City State Zip Code
 Galesburg IL 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 / 2014

Transaction ID : 36905483

Amount of Each Receipt this Period

175.00

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

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

875.00

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

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

FOR LINE NUMBER: PAGE 22 OF 35
(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 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 ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 36905486

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Mira Swiecicki

Mailing Address 664 Clark Rd

City State Zip Code
Bellingham WA 98225-7842

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 ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 36905490

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

C. Dr Trevor Cleveland

Mailing Address 3726 Robbie St

City State Zip Code
Eugene OR 97404-1996

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 ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 36905500

Amount of Each Receipt this Period

167.00

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

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

500.67

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

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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 David Frazee

Mailing Address 4962 Shoreline Dr

City State Zip Code
 Frisco TX 75034-4058

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 / 2014

Transaction ID : 36905503

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Michael Ernest Heil

Mailing Address 25904 210th Ave SE

City State Zip Code
 Maple Valley WA 98038-7530

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 ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : 36905507

Amount of Each Receipt this Period

20.00

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 / 28 / 2014

Transaction ID : 36905508

Amount of Each Receipt this Period

166.67

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

386.67

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 35

☒ 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 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 ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : 36905510

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 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
 02 / 28 / 2014

Transaction ID : 36905513

Amount of Each Receipt this Period

166.94

Full Name (Last, First, Middle Initial)

C. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : 36905514

Amount of Each Receipt this Period

250.00

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

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

583.61

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 Curtis Ono

Mailing Address 822 W Barrett St

City
Seattle

State
WA

Zip Code
98119-1829

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 ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 36905515

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 36905519

Amount of Each Receipt this Period

166.67

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

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 / 28 / 2014

Transaction ID : 36905525

Amount of Each Receipt this Period

250.00

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

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

583.67

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

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 Michael Leslie Weeden

Mailing Address 2701 Gaines Rd

City

Corinth

State

MS

Zip Code

38834-5929

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 / 28 / 2014

Transaction ID : 36905529

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Michael Bennett

Mailing Address 4940 Victoria Pl

City

Guthrie

State

OK

Zip Code

73044-8668

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 / 2014

Transaction ID : 36905544

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Mr Richard Montoya

Mailing Address 1335 PASEO DEL PUEBLO SUR
241

City

TAOS

State

NM

Zip Code

87571-5972

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Mexico Optometric Assn, Inc

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 36905568

Amount of Each Receipt this Period

180.00

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

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

546.67

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

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

FOR LINE NUMBER: PAGE 27 OF 35
(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 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 ▼

333.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 36905576

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Joe Ernest Ellis

Mailing Address 179 Wood Trce

City State Zip Code
Benton KY 42025-9400

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 / 28 / 2014

Transaction ID : 36905577

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr William H Stephen

Mailing Address 4808 Tannery Ave

City State Zip Code
Tampa FL 33624-4532

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
02 / 28 / 2014

Transaction ID : 36905744

Amount of Each Receipt this Period

365.00

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

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

698.34

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 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 28 / 2014

Transaction ID : 36905745

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Mark Harris

Mailing Address 137 PASTURE DR

City

MANCHESTER

State

NH

Zip Code

03102-4961

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
02 / 28 / 2014

Transaction ID : 36919272

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Eric Orava

Mailing Address 641 41St St

City

Brooklyn

State

NY

Zip Code

11232-3138

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
02 / 28 / 2014

Transaction ID : 36919273

Amount of Each Receipt this Period

500.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 29 OF 35
(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 Clifford A Scott

Mailing Address 199 Glen St

City State Zip Code
 Natick MA 01760-5605

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 / 28 / 2014

Transaction ID : 36919274

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Michael Robert Schmit

Mailing Address 5122 Breckenridge Dr

City State Zip Code
 Cincinnati OH 45247-3306

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 / 28 / 2014

Transaction ID : 36919275

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Murray Fingeret

Mailing Address 183 Lakeview Dr

City State Zip Code
 Hewlett NY 11557-1815

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 / 28 / 2014

Transaction ID : 36919276

Amount of Each Receipt this Period

250.00

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

865.00

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

24637.24

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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☒ 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. WellsFargo

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

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 M / D D D / Y Y Y Y Y Y
02 11 2014
Transaction ID : 36866924

Amount of Each Disbursement this Period

606.86

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
American Express Fees

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
02 05 2014
Transaction ID : 36924324

Amount of Each Disbursement this Period

189.78

American Express 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
Visa/MC Fees

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
02 03 2014
Transaction ID : 36924325

Amount of Each Disbursement this Period

1108.09

Visa/MC Fees

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

1904.73

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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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
02 18 2014
Transaction ID : 36924326

Amount of Each Disbursement this Period

224.40

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)..... ►

224.40

2129.13

**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 35

<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. Rodney For Congress

Mailing Address PO Box 344

City	State	Zip Code
Taylorville	IL	62568

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Rodney L. DavisCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2014

Transaction ID : 36861014

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. LYNN PAC

Mailing Address P.O. BOX 1872

City	State	Zip Code
Topeka	KS	66601

Purpose of Disbursement
Committee Contribution

011

Candidate Name

LYNN 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		12		2014

Transaction ID : 36861629

Amount of Each Disbursement this Period

2500.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. Wyden For Senate

Mailing Address 232 Ne 9th Avenue

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Sen. Ron WydenCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		12		2014

Transaction ID : 36861666

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).....▶

6000.00

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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 33 OF 35

<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. Montanans For Lewis

Mailing Address PO Box 1916

City	State	Zip Code
Billings	MT	59103

Purpose of Disbursement
Candidate Contribution

Candidate Name

John LewisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

Transaction ID : 36888502

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City	State	Zip Code
Visalia	CA	93290

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Devin G. NunesOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Transaction ID : 36898176

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Lone Star Leadership PAC

Mailing Address PO BOX 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement
Committee Contribution

Candidate Name

Lone Star Leadership 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
02		25		2014

Transaction ID : 36899590

Amount of Each Disbursement this Period

1000.00

Committee Contribution

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

4500.00

--

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

PAGE 34 OF 35

<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. Volunteers For Shimkus

Mailing Address PO Box 661

City	State	Zip Code
Collinsville	IL	62234

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. John M. ShimkusOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : 36900627

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Adrian Smith For CongressMailing Address 3321 Avenue I
Suite 6

City	State	Zip Code
Scottsbluff	NE	69361

Purpose of Disbursement
Candidate Contribution

Candidate Name

Adrian SmithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : 36901666

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Al Franken For Senate

Mailing Address PO Box 583144

City	State	Zip Code
Minneapolis	MN	55458

Purpose of Disbursement
Candidate Contribution

Candidate Name

Sen. Al FrankenOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		26		2014

Transaction ID : 36902032

Amount of Each Disbursement this Period

1500.00

Candidate Contribution

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

4500.00

**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 35 OF 35

<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 Congressional Campaign Committee

Mailing Address 430 S. Capitol Street, S.E.

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Democratic Congressional Campaign CommitteeCategory/
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		27		2014

Transaction ID : 36904728

Amount of Each Disbursement this Period

10000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. BRIDGE PACMailing Address 499 South Capitol St., SW
Suite 114

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Committee Contribution

011

Candidate Name

BRIDGE PACCategory/
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		27		2014

Transaction ID : 36904729

Amount of Each Disbursement this Period

5000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Jim Clyburn

Mailing Address Post Office Box 12567

City	State	Zip Code
Columbia	SC	29211

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. James E. ClyburnCategory/
Type

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

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

State: SC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2014

Transaction ID : 36904730

Amount of Each Disbursement this Period

5000.00

Candidate Contribution

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

20000.00
35000.00