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Image# 201603159009743307

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X F	or Other Than An Aut	horized Committee		Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, over the lines.	type 12FE4M5	
American Optometric A	Association Political A	Action Committee		
ADDRESS (number and street)	1505 Prince Street Suite 300			
Check if different than previously reported. (ACC)	Alexandria		VA	22314
2. FEC IDENTIFICATION NU	MBER ▼ CIT	ГУ▲	STATE ▲	ZIP CODE ▲
C C00024968		S THIS X NEV	OR AN	MENDED)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15	Report Due On: X Mar Apr	r 20 (M3) Jun	20 (M6) Sep	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
Quarterly Report (Q July 15 Quarterly Report (Q October 15 Quarterly Report (Q January 31 Year-End Report (YI	2) PRE-Election Report for the:		General Special (
July 31 Mid-Year Report (Non-electior Year Only) (MY) Termination Report (TER)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (3	Special (30S) in the State of
5. Covering Period 02	01 2016	through	M M / D D /	2016
I certify that I have examined thi	·	my knowledge and beli	ef it is true, correct and	d complete.
Type or Print Name of Treasurer	Fred Dubrick O.D.			
Signature of Treasurer Fred I	Dubrick O.D.	[Electronically Fi	led] Date 03	/ 15 / Y Y Y Y Y Y 2016
NOTE: Submission of false, errone	ous, or incomplete informatio	n may subject the person	signing this Report to the	ne 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: 02 01 2016 To: 02 29 2016

		COLUMN A This Period	COLUMN B Calendar Year-to-Date					
6.	(a) Cash on Hand January 1, 2016		474007.69					
	(b) Cash on Hand at Beginning of Reporting Period	517050.83						
	(c) Total Receipts (from Line 19)	73371.56	126427.46					
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	590422.39	600435.15					
7.	Total Disbursements (from Line 31)	155997.42	166010.18					
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	434424.97	434424.97					
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)

Write or Type Committee Name

American Optometric Association Political Action Committee

I. Receipts	I. Receipts COLUMN A Total This Period						
Contributions (other than loans) From:							
(a) Individuals/Persons Other							
Than Political Committees							
(i) Itemized (use Schedule A)	46612.50	73634.16					
(ii) Unitemized	26731.12	52741.63					
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	, 73343.62	126375.79					
(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)▶	73343.62	126375.79					
. Transfers From Affiliated/Other							
Party Committees	0.00	0.00					
. 4, 65							
. All Loans Received	0.00	0.00					
7111 250110 110501100							
Love Borrowski Brooks I	0.00	0.00					
Loan Repayments Received	0.00	0.00					
Offsets To Operating Expenditures							
(Refunds, Rebates, etc.)	0.00	0.00					
(Carry Totals to Line 37, page 5)	0.00	0.00					
. Refunds of Contributions Made							
to Federal Candidates and Other							
Political Committees	0.00	0.00					
. Other Federal Receipts							
(Dividends, Interest, etc.)	27.94	51.67					
. 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					
		7					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
. Total Receipts (add Lines 11(d),							
12, 13, 14, 15, 16, 17, and 18(c))▶	73371.56	126427.46					
. Total Federal Receipts							
(subtract Line 18(c) from Line 19)▶	73371.56	126427.46					

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	rsements	COLUMN B Calendar Year-to-Date	
21. Operating Expendit (a) Allocated Fede Activity (from S	eral/Non-Federal	Total This Period	Tarana isan to buto
- · ·	hare	0.00	0.00
(ii) Non-Fede	ral Share	0.00	0.00
(b) Other Federal			
		54247.42	56260.18
• • • • •	a)(ii), and (b))▶	54247.42	56260.18
22. Transfers to Affiliate	·	0.00	0.00
23. Contributions to		0.00	0.00
Federal Candidates and Other Political	c/Committees Committees	101500.00	109500.00
24. Independent Expen		0.00	0.00
25. Coordinated Party	Expenditures	0.00	0.00
(2 U.S.C. §441a(d) (use Schedule F))	0.00	0.00
26. Loan Repayments	Made	0.00	0.00
.o. Loan Hepayments			
27. Loans Made 28. Refunds of Contrib	utions To:	0.00	0.00
(a) Individuals/Per		250.00	250.00
	-		
(b) Political Party(c) Other Political	Committees	0.00	0.00
· /	s)	0.00	0.00
(d) Total Contribut	ion Pofundo		
` '	(a), (b), and (c))	250.00	250.00
20 011 5:1			0.00
29. Other Disbursemen	ts	0.00	0.00
	ctivity (2 U.S.C. §431(20))		
(a) Allocated Fede (from Schedule	eral Election Activity		
	are	0.00	0.00
/::\ a. ::= Ob-	aro.	0.00	0.00
	on Activity Paid Entirely		7 7 7
With Fede	eral Funds	0.00	0.00
` '	Election Activity (add 30(a)(ii) and 30(b))▶	0.00	0.00
			7
	s (add Lines 21(c), 22, 28(d), 29 and 30(c))	155007.10	466040.40
20, 27, 20, 20, 21,	20(a), 29 and 30(b))	155997.42	166010.18
32. Total Federal Disbu			
)(ii) and Line 30(a)(ii)	155997.42	166010.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

1 LO 1 01111 3X (11ev. 02/2003)		r age 3
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	73343.62	126375.79
4. Total Contribution Refunds (from Line 28(d))	250.00	250.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	73093.62	126125.79
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	54247.42	56260.18
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	54247.42	56260.18

FOR LINE NUMBER: **PAGE** 6 OF 58 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Paul C Ajamian Date of Receipt Mailing Address 245 Shadowbrook Dr. 01 2016 City Zip Code State Transaction ID: 39054789 GA Roswell 30075-4600 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jennifer L Coyle Date of Receipt Mailing Address 33630 SW Firdale Road 02 01 2016 City State Zip Code Transaction ID: 39059090 OR Cornelius 97113-6215 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Self Employed Doctor of Optometry, MSC Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Dr. Hilary L Hawthorne Date of Receipt Mailing Address 4470 Don Miguel Dr. 2016 02 01 City State Zip Code Transaction ID: 39059410 CA Los Angeles 90008-2828 Amount of Each Receipt this Period FEC ID number of contributing C 2000.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 7 OF 58 Use separate schedule(s) (check only one)

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
		ny person for the purpose of soliciting contributions ittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Optometric Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Douglas L Totten Mailing Address 5118 S Shore Dr. City Whitehall FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MI 49461-9434 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	Date of Receipt Mark
Full Name (Last, First, Middle Initial) Dr. Ronald Lee Hopping Mailing Address 1801 Creekside Dr City Friendswood FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 77546-7821 C Occupation Doctor of Optometry,MPH Aggregate Year-to-Date ▼ 238.10	Date of Receipt O2 O2 2016 Transaction ID : 39059423 Amount of Each Receipt this Period 119.05 Memo Item
Full Name (Last, First, Middle Initial) C. DR Paul H Cook JR Mailing Address PO Box 2700 City Frisco FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CO 80443-2700 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 240.00	Date of Receipt 02 02 2016 Transaction ID: 39059429 Amount of Each Receipt this Period 120.00 Memo Item
SUBTOTAL of Receipts This Page (optional).		▶ 489.05
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 8 OF 58 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Optometric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Trevor J Cleveland Mailing Address 3726 Robbie St City Eugene	State Zip Code OR 97404-1996	Date of Receipt 02 03 2016 Transaction ID : 39060702 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 334.00	167.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. Lynn Davis Mailing Address 6546 JACAL CT NW City ALBUQUERQUE FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NM 87114-6120 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 333.34	Date of Receipt 02 03 2016 Transaction ID : 39060703 Amount of Each Receipt this Period 166.67 Memo Item
Full Name (Last, First, Middle Initial) Dr. Obie G Pennington Mailing Address 21685 Adobe Road City Red Bluff FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 96080-9392 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 1000.00	Date of Receipt 02 02 2016 Transaction ID: 39060807 Amount of Each Receipt this Period 1000.00 Memo Item Contribution
SUBTOTAL of Receipts This Page (optional)	•	1333.67
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: **PAGE** 9 OF 58 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Sheldon G Greenspan Date of Receipt Mailing Address 1259 Us Highway 46 Ste 4B 02 2016 City Zip Code State Transaction ID: 39060812 Parsippany NJ 07054-4909 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Contribuiton 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Rodolfo L Rodriguez Date of Receipt Mailing Address 404 Main St 02 03 2016 City State Zip Code Transaction ID: 39061634 NJ Ridgefield Pk 07660-1128 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 Full Name (Last, First, Middle Initial) c. Dr. Scott M Burks Date of Receipt Mailing Address PO Box 1351 2016 02 04 City Zip Code State Transaction ID: 39061786 MO Buffalo 65622-1351 Amount of Each Receipt this Period FEC ID number of contributing С 125.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1375.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF 58 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Martin H Carroll Date of Receipt Mailing Address 3700 Essex Rd 04 2016 City Zip Code State Transaction ID: 39061787 WY Cheyenne 82001-1641 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Charles H Fitzpatrick Date of Receipt Mailing Address 18 Byron Dr. 02 01 2016 City State Zip Code Transaction ID: 39061941 NJ Mount Laurel 08054-4700 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Dr. Fred E Goldberg Date of Receipt Mailing Address 6924 Butternut Ct 02 01 2016 City Zip Code State Transaction ID: 39061942 McLean VA 22101-1506 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1200.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOF	R LINE	NU	MBER	:	PAGE	. 1	11 ()F	58
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
_ come common , age		13		14		15		16		717

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Denise L Roddy Date of Receipt Mailing Address 13605 S 18th PI 01 2016 City Zip Code State Transaction ID: 39061943 OK 74008-3612 Bixby Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Diane M Russo Date of Receipt Mailing Address 199 Lexington St Apt 25 02 2016 04 City State Zip Code Transaction ID: 39062629 MA Auburndale 02466-1343 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300,00 Full Name (Last, First, Middle Initial) c. Dr. Christopher D Morris Date of Receipt Mailing Address 809 Brookside Ct 2016 02 05 City State Zip Code Transaction ID: 39062639 AR Rogers 72758-8156 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Memo Item Name of Employer Occupation **Doctor of Optometry** Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 1665.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 12 OF 58 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Nicholas R Gilmore Date of Receipt Mailing Address 1211 North Park 02 2016 City Zip Code State Transaction ID: 39062643 MN Fairmont 56031-2624 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jesse Ben Mize III Date of Receipt Mailing Address 99 Alexander Run Rd 02 01 2016 City State Zip Code Transaction ID: 39062645 WV Ravenswood 26164-3682 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Dr. Tammy P Than Date of Receipt Mailing Address 181 Oakmont Rd 02 05 2016 City State Zip Code Transaction ID: 39062779 AL Birmingham 35244-2286 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 58 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Scott R Ream Date of Receipt Mailing Address 23 Dogwood Cir 05 2016 City Zip Code State Transaction ID: 39062861 MO West Plains 65775-5171 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Howard Russell Day Date of Receipt Mailing Address 3555 Kingshill Rd 02 05 2016 City State Zip Code Transaction ID: 39063070 Mountain Brk AL 35223-1421 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Dr. Dorothy L Hitchmoth Date of Receipt Mailing Address PO Box 302 02 05 2016 City Zip Code State Transaction ID: 39063148 NH New London 03257-0302 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 226.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 14 OF 58 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Optometric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Steve Nguyen Mailing Address 7417 PRIMROSE DR City IRVING FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 75063-5507 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	Date of Receipt O2 06 2016 Transaction ID: 39063159 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. Samuel D Pierce Mailing Address 2679 Vesclub Cir City Vestavia FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code AL 35216-1356 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	Date of Receipt 02 06 2016 Transaction ID: 39063161 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. Jennifer Sidun Vincent Mailing Address 32066 Lake Rd City Avon Lake FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OH 44012-1845 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 300.00	Date of Receipt 02 06 2016 Transaction ID: 39063164 Amount of Each Receipt this Period 300.00 Memo Item
SUBTOTAL of Receipts This Page (optional))	1300.00
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 15 OF 58 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Jeri Ann Schneebeck Date of Receipt Mailing Address 10036 E Pinewood Dr 08 2016 City Zip Code State Transaction ID: 39063217 CO Parker 80138-7804 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Zachary B Steele Date of Receipt Mailing Address 5812 Carrington Lake Pkwy 02 08 2016 City State Zip Code Transaction ID: 39063218 AL Trussville 35173-2890 Amount of Each Receipt this Period FEC ID number of contributing 160.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 320,00 Full Name (Last, First, Middle Initial) c. Dr. Ilana Gelfond-Polnariev Date of Receipt Mailing Address 441 Virginia Ave 2016 02 80 City Zip Code State Transaction ID: 39063251 NY Staten Island 10305-1652 Amount of Each Receipt this Period FEC ID number of contributing С 500.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 860.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 16 OF 58 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Optometric Associatio	n Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Lee S Peplinski Mailing Address 124 Village St City Pikeville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code KY 41501-3269 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00	Date of Receipt O2
Full Name (Last, First, Middle Initial) Dr. Michael James Bowker Mailing Address 118 Le Moyne Pkwy City Oak Park FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IL 60302-1120 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250,00	Date of Receipt 02 05 2016 Transaction ID: 39066709 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. John D Coble Mailing Address 1501 Sunset Hill Dr City Rockwall FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 75087-3216 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 333.34	Date of Receipt 02 09 2016 Transaction ID: 39070459 Amount of Each Receipt this Period 166.67 Memo Item
SUBTOTAL of Receipts This Page (optional)		781.67
TOTAL This Period (last page this line number of	only)	

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other th	eports and Statements may not be sold or used by any pran using the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric A	Association Political Action Committee	
Full Name (Last, First, Middle Ini Dr. David Samuel Davis Mailing Address 940 Sugar Spring City Las Vegas FEC ID number of contributing federal political committee.	<u>'</u>	Date of Receipt 02 04 2016 Transaction ID: 39070495 Amount of Each Receipt this Period
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 1000.00	Memo Item
Full Name (Last, First, Middle Ini Dr. Hale M Kell Mailing Address 292 Paragon Dr	tial)	Date of Receipt 02 04 2016
City Boulder FEC ID number of contributing federal political committee.	State Zip Code CO 80303-4919	Transaction ID : 39070496 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	Memo Item
Full Name (Last, First, Middle Ini Dr. Neill R Marshall Mailing Address 804 4th St	tial)	Date of Receipt
City N MartinsvIle FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code WV 26155-2022 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	7 Transaction ID : 39072435 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page	(optional)	1500.00
TOTAL This Period (last page this	line number only)	

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ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Mark E Leary Date of Receipt Mailing Address 205 Bridge Pointe Drive 2016 10 City State Zip Code Transaction ID: 39072443 NC New Bern 28562-6419 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Thomas J Cullinane Date of Receipt Mailing Address 221 Cordovan Commons Pkwy 02 09 2016 City State Zip Code Transaction ID: 39073543 Chesterfield MO 63017-2239 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Dr. Cheryl E Schmitt Date of Receipt Mailing Address 4200 W Oasis Dr. 2016 02 10 City State Zip Code Transaction ID: 39073766 ΑZ Tucson 85742-9194 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer Occupation **Doctor of Optometry** Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 19 OF 58 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Stephen M Montaguila Date of Receipt Mailing Address 28 Peveril Rd 2016 City Zip Code State Transaction ID: 39077418 RΙ Cranston 02921-2422 Amount of Each Receipt this Period FEC ID number of contributing 2000.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Phillip A Gelwick Date of Receipt Mailing Address 3649 E 49Th PI 02 10 2016 City State Zip Code Transaction ID: 39077419 OK Tulsa 74135-3105 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Dr. Barbara L Horn Date of Receipt Mailing Address 61269 Coralburst Dr. 2016 02 12 City State Zip Code Transaction ID: 39078013 MI Washington 48094-1746 Amount of Each Receipt this Period FEC ID number of contributing С 165.29 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 330.58 Other (specify) 2415.29 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page	×	11a		11b		11c		12		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Mr. Jonathan F Hymes Date of Receipt Mailing Address 1505 Prince St 2016 City Zip Code State Transaction ID: 39078016 VA Alexandria 22314-2852 Amount of Each Receipt this Period FEC ID number of contributing 166.67 federal political committee. Memo Item Name of Employer Occupation **Executive Director** American Optometric Association Receipt For: Aggregate Year-to-Date ▼ Primary General 333.34 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Jason T Ortman Date of Receipt Mailing Address 8085 E Byers Ave 02 13 2016 City State Zip Code Transaction ID: 39084526 CO 80230-6755 Denver Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Dr. David R Frazee Date of Receipt Mailing Address 4962 Shoreline Dr 2016 02 13 City State Zip Code Transaction ID: 39084527 TX Frisco 75034-4058 Amount of Each Receipt this Period FEC ID number of contributing C 200.00 federal political committee. Memo Item Name of Employer Occupation **Doctor of Optometry** Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 616.67 SUBTOTAL of Receipts This Page (optional).....

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

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or for commercial purposes, other than us	and Statements may not be sold or used by any peing the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Asso	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr G. Barnard Wilson Mailing Address 3604 Atwood PI City Modesto FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code CA 95355-1304 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Date of Receipt M
Full Name (Last, First, Middle Initial) Dr Glenn A Kaprielian Mailing Address 10006 Seneca Falls Av City Bakersfield FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 93312-1868 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 260.00	Date of Receipt M M M / D D / 2016 Transaction ID: 39084668 Amount of Each Receipt this Period 260.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. Loni R Dickerhoof Mailing Address 8667 Springbriar Cir N City Clinton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OH 44216-9503 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	Date of Receipt M
SUBTOTAL of Receipts This Page (option	nal)	1060.00
TOTAL This Period (last page this line n	umber only)	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Charles Jeffrey Foster Date of Receipt Mailing Address 508 3rd St 2016 City Zip Code State Transaction ID: 39084741 TN Newport 37821-3707 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Michelle E Moore Date of Receipt Mailing Address 11 Crown St 02 12 2016 City State Zip Code Transaction ID: 39084742 CT Plainville 06062-2214 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250,00 Full Name (Last, First, Middle Initial) c. Dr. Dorothy L Hitchmoth Date of Receipt Mailing Address PO Box 302 02 12 2016 City Zip Code State Transaction ID: 39084751 NH New London 03257-0302 Amount of Each Receipt this Period FEC ID number of contributing С 88.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 314.00 Other (specify) 838.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 24 OF 58 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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FOR LINE NUMBER: PAGE 25 OF 58 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Optometric Association		
Full Name (Last, First, Middle Initial) Dr. Viktoria L Davis Mailing Address 310 E Main St City Madelia FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MN 56062-1735 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	Date of Receipt O2 21 2016 Transaction ID: 39108497 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. Derek J Louie Mailing Address 19302 Riverwood Lane City Lake Oswego FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OR 97035-1318 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 263.34	Date of Receipt 02 21 2016 Transaction ID: 39108498 Amount of Each Receipt this Period 131.67 Memo Item
Full Name (Last, First, Middle Initial) Dr. Randolph E Brooks Mailing Address 3 Schindler Dr City Succasunna FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NJ 07876-1183 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 400.00	Date of Receipt Mark
SUBTOTAL of Receipts This Page (optional)		581.67
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Dr. Vissett Scott Sun		Date of Receipt
Mailing Address 15507 Driftwood Oak Ct		02 22 _ 2016 _
City	State Zip Code	Transaction ID: 39109566
Houston	TX 77059-5831	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	Memo Item
Self Employed	Doctor of Optometry	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Ted A McElroy Date of Receipt Mailing Address 2812 Ridge Ave N 2016 23 City State Zip Code Transaction ID: 39109865 GA Tifton 31794-1327 Amount of Each Receipt this Period FEC ID number of contributing C 166.67 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 333.34 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Fred Farias III Date of Receipt Mailing Address 1308 S Cynthia St 02 22 2016 City State Zip Code Transaction ID: 39109885 TX McAllen 78501-1114 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Dr. Mark Gerard Carolan Date of Receipt Mailing Address 529 Faulkner Dr. 2016 02 22 City Zip Code State Transaction ID: 39109886 TX Schertz 78154-1142 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation **Doctor of Optometry** Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 916.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) American Optometric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Gerald R Neidigh Jr. Mailing Address 2740 Windy Meadow Lane City Powhatan FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code VA 23139-7847 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	Date of Receipt O2 25 2016 Transaction ID: 39166519 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. Gregory A Caldwell Mailing Address 225 Terrace Dr City Lilly FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code PA 15938-5819 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 333.34	Date of Receipt 02 25 2016 Transaction ID: 39166520 Amount of Each Receipt this Period 166.67 Memo Item
Full Name (Last, First, Middle Initial) Dr. Robert Carl Layman Mailing Address 4937 Homerdale Ave City Toledo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OH 43623-2930 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	Date of Receipt 02 25 2016 Transaction ID: 39166527 Amount of Each Receipt this Period 500.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		916.67
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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Optometric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Matthew C. Gerstberger Mailing Address 5500 E Allen Dr City Garden City FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code KS 67846-9612 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	Date of Receipt O2 25 2016 Transaction ID: 39166731 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. Michelle Cooper Mailing Address 35 Bellows Falls Dr. City Greer FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code SC 29650-4769 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	Date of Receipt O2 26 2016 Transaction ID: 39192954 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. Ronald Lee Benner Mailing Address 1408 E Maryland Ln City Laurel FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MT 59044-2238 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt
SUBTOTAL of Receipts This Page (optional)		1166.67
TOTAL This Period (last page this line number	only)	

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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		17

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Steven Thomas Reed Date of Receipt Mailing Address 4550 Simpson Highway 28 W 2016 26 City Zip Code State Transaction ID: 39192957 MS Magee 39111-5187 Amount of Each Receipt this Period FEC ID number of contributing 166.67 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 333.34 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Dennis M Brtva Date of Receipt Mailing Address 57 Pebblebrook Ct 02 26 2016 City State Zip Code Transaction ID: 39192959 IL **Bloomington** 61705-6300 Amount of Each Receipt this Period FEC ID number of contributing 159.10 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 318.20 Full Name (Last, First, Middle Initial) c. Dr. Robert Rush Sandlin Date of Receipt Mailing Address 22710 Village Ln 2016 02 25 City State Zip Code Transaction ID: 39193069 AL Athens 35613-2873 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation **Doctor of Optometry** Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

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

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

575.77

FOR LINE NUMBER: PAGE 34 OF Use separate schedule(s) (check only one)

IE	MIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	information copied from such Reports and Star commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.
\	IAME OF COMMITTEE (In Full) American Optometric Association	n Politica	al Action Committee	
A M _ C _ S _ F fe F F	full Name (Last, First, Middle Initial) Dr. Kenneth Eugene Sweeney Mailing Address 6496 Ramblewood Dr City San Jose EC ID number of contributing ederal political committee. Jame of Employer Self Employed Receipt For: Primary General Other (specify)	State CA C Occupation Doctor of O Aggregate		Date of Receipt M M M / 25 2016 Transaction ID: 39193070 Amount of Each Receipt this Period 250.00 Memo Item
B. _ N	full Name (Last, First, Middle Initial) Dr. David W Wineland Mailing Address 8400 Concord Rd City Johnstown EC ID number of contributing ederal political committee. Jame of Employer elf Employed Receipt For: Primary General Other (specify)	State OH C Occupation Doctor of O Aggregate		Date of Receipt 02 25 2016 Transaction ID: 39193072 Amount of Each Receipt this Period 127.25 Memo Item
C N C F fe	Full Name (Last, First, Middle Initial) Dr. Robert P Bittel Jr. Mailing Address 1455 Regency Dr Sity Jefferson Hills FEC ID number of contributing ederal political committee. Jame of Employer Self Employed Receipt For: Primary General Other (specify)	State PA C Occupation Doctor of O Aggregate		Date of Receipt 02 25 2016 Transaction ID: 39193164 Amount of Each Receipt this Period 1000.00 Memo Item
	BTOTAL of Receipts This Page (optional)		·····	1377.25
TO	TAL This Period (last page this line number o	nlv)		

FOR LINE NUMBER: PAGE 35 OF 58 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Natalie K McKee Date of Receipt Mailing Address 4211 Allenhurst Close 2016 25 City Zip Code State Transaction ID: 39193169 OH Cincinnati 45241-6624 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. MaryJane Healey Date of Receipt Mailing Address 6710 124th PI SE 02 27 2016 City State Zip Code Transaction ID: 39194557 WA Snohomish 98296-8649 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 400,00 Full Name (Last, First, Middle Initial) c. Dr. James P DeVleming Date of Receipt Mailing Address 670 SE Meadow Vale Dr 2016 02 27 City Zip Code State Transaction ID: 39194570 WA Pullman 99163-2445 Amount of Each Receipt this Period FEC ID number of contributing С 167.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 334.00 Other (specify) 617.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 36 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin	and Statements may not be sold or used by any peng the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Assoc	iation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Margarette R Recalde Mailing Address 1843 Decatur Ave City Clovis FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 93611-6691 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 365.00	Date of Receipt 02 27 2016 Transaction ID: 39194577 Amount of Each Receipt this Period 365.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. Andrea P Thau Mailing Address 145 E 84th St Apt 11A City New York FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State Zip Code NY 10028-2058 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 333.34	Date of Receipt Mark 28
Full Name (Last, First, Middle Initial) Dr. Mira B Swiecicki Mailing Address 664 Clark Rd City Bellingham FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WA 98225-7842 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 334.00	Date of Receipt 02 28 2016 Transaction ID: 39194605 Amount of Each Receipt this Period 167.00 Memo Item
SUBTOTAL of Receipts This Page (options	al)	698.67
TOTAL This Period (last page this line nur	nber only)	

FOR LINE NUMBER: (check only one) PAGE 37 OF 58 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Optometric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert L Jarrell III Mailing Address 50 Cedar Hill Rd Ne City Albuquerque FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NM 87122-1928 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 333.34	Date of Receipt 02 28 2016 Transaction ID: 39194613 Amount of Each Receipt this Period 166.67 Memo Item
Full Name (Last, First, Middle Initial) Dr. Harue Jean Marsden Mailing Address 1445 Prospect Ave Unit D City Placentia FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 92870-3816 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 333.34	Date of Receipt 02 28 2016 Transaction ID: 39194614 Amount of Each Receipt this Period 166.67 Memo Item
Full Name (Last, First, Middle Initial) Dr. Mitchell Todd Munson Mailing Address 9940 Ashleigh Way City Highlands Ranch FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CO 80126-4244 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 333.88	Date of Receipt 02 28 2016 Transaction ID: 39194615 Amount of Each Receipt this Period 166.94 Memo Item
SUBTOTAL of Receipts This Page (optional)	·····	500.28
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 38 OF 58

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pare name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Associati	ion Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Curtis A Ono Mailing Address 822 W Barrett St City Seattle FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WA 98119-1829 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 374.76	Date of Receipt 02 28 2016 Transaction ID: 39194616 Amount of Each Receipt this Period 187.38 Memo Item
Full Name (Last, First, Middle Initial) Dr. Chris R Fields Mailing Address 410 Miracle Mile Suite 13 City Lebanon FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) ▼	State Zip Code NH 03766-2639 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 334.00	Date of Receipt 02 28 2016 Transaction ID: 39194625 Amount of Each Receipt this Period 167.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. Teresa L Carlson Mailing Address 6607 S Forest Way Unit D City Centennial FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CO 80121-3566 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 300.00	Date of Receipt 02 28 2016 Transaction ID: 39194627 Amount of Each Receipt this Period 150.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		504.38
TOTAL This Period (last page this line number	r only)	

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TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	nd Statements may not be sold or used by any p the name and address of any political committee	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Michael Leslie Weeden Mailing Address 3201 Gaines Rd City Corinth FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MS 38834-8422 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 400.00	Date of Receipt 02 28 2016 Transaction ID: 39194628 Amount of Each Receipt this Period 200.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. Kevin Gee Mailing Address 9119 Highway 6 Ste 200 City Missouri City FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 77459-4876 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 333,34	Date of Receipt 02 28 2016 Transaction ID : 39194645 Amount of Each Receipt this Period 166.67 Memo Item
Full Name (Last, First, Middle Initial) Dr. Edward M Kosnoski Mailing Address 305 Kensington Ave S City Kent FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify)	State Zip Code WA 98030-7004 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 28 2016 Transaction ID: 39194651 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional))	616.67
TOTAL This Period (last page this line numb	ber only)	

FOR LINE NUMBER: PAGE 40 OF 58 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Optometric Associati	on Political	Action Committee	
Full Name (Last, First, Middle Initial) Dr. Jennifer L Planitz Mailing Address 3537 Newcastle Dr SE			Date of Receipt
City Rio Rancho FEC ID number of contributing	State NM	Zip Code 87124-3672	02 28 2016 Transaction ID : 39194655 Amount of Each Receipt this Period 416.66
federal political committee. Name of Employer Self Employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Doctor of Optor Aggregate Yea	•	Memo Item
Full Name (Last, First, Middle Initial) B. Dr. Peter H Kehoe Mailing Address 521 N Soangetaha Rd			Date of Receipt 02 28 2016
City Galesburg FEC ID number of contributing federal political committee.	State IL	Zip Code 61401-5588	Transaction ID : 39194661 Amount of Each Receipt this Period 175.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Doctor of Optor Aggregate Yea		Memo Item
Full Name (Last, First, Middle Initial) Dr. Christopher L Jons Mailing Address 618 Apache Dr.			Date of Receipt O2 29 2016
City Buffalo FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State WY C Occupation Doctor of Opto Aggregate Yea		Transaction ID : 39197287 Amount of Each Receipt this Period 366.00 Memo Item
SUBTOTAL of Receipts This Page (optional)			957.66
TOTAL This Period (last page this line number	only)		·

FOR LINE NUMBER: PAGE 41 OF 58 Use separate schedule(s) (check only one)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Optometric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Justin M Cole Mailing Address 116 Pink Orchard Dr City Mooresville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NC 28115-8016 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	Date of Receipt O2 29 2016 Transaction ID: 39197391 Amount of Each Receipt this Period 500.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. Eric D O'Brien Mailing Address 300 Bel Aire Ct City Burlington FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code IA 52601-6200 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 29 2016 Transaction ID: 39198022 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. Morgan Brent Moore Mailing Address 1520 Chaparral Rd City Burkburnett FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code TX 76354-2835 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 400.00	Date of Receipt 02 29 2016 Transaction ID: 39198023 Amount of Each Receipt this Period 400.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		1150.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: (check only one) PAGE 42 OF 58 Use separate schedule(s)

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Optometric Association	on Political Action Committee	
Full Name (Last, First, Middle Initial) Dr. Robert C Huizenga Mailing Address 3397 Kayelin Ct City Jenison FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code MI 49428-9490 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 2000.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Dr. Ronald J Hall Mailing Address 170 Mann School Rd City Smithfield FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code RI 02917-1413 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 250.00	Date of Receipt 02 29 2016 Transaction ID: 39198028 Amount of Each Receipt this Period 250.00 Memo Item
Full Name (Last, First, Middle Initial) Dr. Michael K De Rosier Mailing Address PO Box 1073 City Deer Park FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code WA 99006-1073 C Occupation Doctor of Optometry Aggregate Year-to-Date ▼ 500.00	Date of Receipt 02 29 2016 Transaction ID: 39198030 Amount of Each Receipt this Period 500.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		2750.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 43 OF Use separate schedule(s) (check only one)

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Optometric Associat	tion Politic	al Action Committee	
Full Name (Last, First, Middle Initial) Dr. Eric Orava Mailing Address 641 41st St			Date of Receipt
City Brooklyn FEC ID number of contributing federal political committee. Name of Employer	State NY C	Zip Code 11232-3138	02 29 2016 Transaction ID: 39198034 Amount of Each Receipt this Period 500.00 Memo Item
Self Employed Receipt For: Primary General Other (specify) ▼	Doctor of C Aggregate	Optometry Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) B. Dr. Teresa M Rohrs Mailing Address I254 State Route 109	•		Date of Receipt 02 29 2016
City Malinta FEC ID number of contributing federal political committee.	State OH	Zip Code 43535-9732	Transaction ID : 39198035 Amount of Each Receipt this Period 280.00
Name of Employer Putnam Parkway Eyecare Receipt For: Primary General Other (specify) ▼	Occupation Doctor of C Aggregate		Memo Item
Full Name (Last, First, Middle Initial) Dr. David Wayne Weiss Mailing Address 8801 Wandering Trail Dr			Date of Receipt
City Potomac FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State MD C Occupation Doctor of C Aggregate		02 29 2016 Transaction ID : 39198039 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		•	1030.00
TOTAL This Period (last page this line number	er only)	·····	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE NUMBER:	PAGE	44 OF	58
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16	717

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Avery T Jones Date of Receipt Mailing Address 1386 S 38th St 2016 29 City Zip Code State Transaction ID: 39198043 ND 58201-3708 **Grand Forks** Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Dr. Bradley J Richlin Date of Receipt Mailing Address 16225 Quemada Rd 02 23 2016 City State Zip Code Transaction ID: 39204163 CA Encino 91436-3620 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500,00 Full Name (Last, First, Middle Initial) c. Erick A Henderson Date of Receipt Mailing Address 201 E Raymond Ave 02 23 2016 City State Zip Code Transaction ID: 39212262 IL Danville 61832-1823 Amount of Each Receipt this Period FEC ID number of contributing C 74.00 federal political committee. Memo Item Name of Employer Occupation **Doctor of Optometry** Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 274.00 Other (specify) 824.00 SUBTOTAL of Receipts This Page (optional).....

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 45 OF 58 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Optometric Association Political Action Committee Full Name (Last, First, Middle Initial) Dr. Julie A Hart Date of Receipt Mailing Address 9000 County Road 9410 2016 City Zip Code State Transaction ID: 39234097 MO West Plains 65775-6198 Amount of Each Receipt this Period FEC ID number of contributing C 0.00 federal political committee. × Memo Item Name of Employer Occupation Self Employed **Doctor of Optometry** Receipt For: Aggregate Year-to-Date ▼ Primary General Refund(s) on Schedule B Totaling \$250.00 This -250.00 Other (specify) changes the YTD Total to \$-250.00 Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 0.00 SUBTOTAL of Receipts This Page (optional)..... 46612.50 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(orlook only	7 one) 22 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) American Optometric Association F			Sonor Communes nom Such Communes.
Full Name (Last, First, Middle Initial)			
^{A.} WellsFargo			Date of Disbursement
Mailing Address 1650 Tyson Blvd.			02 11 2016
McLean	tate Zip Code VA 22102		Transaction ID: 39084599
Purpose of Disbursement Bank Fees		001	Amount of Each Disbursement this Period
Candidate Name		Category/	605.35
President	nent For: Primary General Other (specify)	Type	Memo Item Bank Fees
State: District:			
Full Name (Last, First, Middle Initial) 3. Perkins Coie, LLP			Date of Disbursement
Mailing Address ATTN: Client Accounting 1201 Third Avenue, 40th Floor			02 25 2016
,	State Zip Code WA 98101		Transaction ID: 39192874
Legal Services		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	51979.20
	nent For: Primary General Other (specify)		Memo Item Legal Services
Full Name (Last, First, Middle Initial) Bank of America			Date of Disbursement
Mailing Address PO Box 790251			02 02 2016
St. Louis	State Zip Code MO 63179		Transaction ID : 39212308
Purpose of Disbursement Visa/Master Card Fees		001	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1228.61
	nent For: Primary General Other (specify) ▼		Memo Item Visa/Master Card Fees
State: President District:			

SCHEDULE B (FEC Form 3X)	Llea congrete achadula(a)	rote ashedule(s)		PAGE 47 OF 5
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 2 28c 29 3
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) American Optometric Association F			Solicit Contributions	nom such committee.
Full Name (Last, First, Middle Initial) A. Bank of America			Date of Disburse	ment
Mailing Address PO Box 790251			02 05	
,	State Zip Code MO 63179		Transaction ID	: 39212310
Purpose of Disbursement American Express Fees		001	Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		307.55
President	nent For: Primary General Other (specify) ▼		Memo Item American Express	Fees
State: District: Full Name (Last, First, Middle Initial) B. Bank of America Mailing Address PO Box 790251			Date of Disburser	D / Y Y Y Y Y
St. Louis	State Zip Code MO 63179		Transaction ID	: 39212311
Purpose of Disbursement Bank Fees Candidate Name		001	Amount of Each	Disbursement this Period
		Category/ Type		126.71
	nent For: Primary General Other (specify)		Memo Item Bank Fees	
Full Name (Last, First, Middle Initial)			Date of Disburse	
Mailing Address			M M / D	D / Y Y Y Y
City	State Zip Code			
Purpose of Disbursement			Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		
	nent For: Primary General Other (specify) ▼		Memo Item	
SUBTOTAL of Disbursements This Page (optional)				434.26
TOTAL This Period (last page this line number only).				54247.42

ITEMIZED DISBURSEMENTS	Use separate schedule	e(s) FOR LINE (check only	
	for each category of the Detailed Summary Page	ne Concor only	22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and States or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) American Optometric Association			22 Samuelano nom sasni sommitto.
Full Name (Last, First, Middle Initial)			
Team Ryan			Date of Disbursement
Mailing Address 320 1st St., SE			02 08 2016
Washington	State Zip Code DC 20003		Transaction ID: 39063255
Purpose of Disbursement Committee Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Office Sought: House Senate President State: District:	ment For: Primary Genera Other (specify)		Memo Item Committee Contribution
Full Name (Last, First, Middle Initial) B. Democratic Congressional Campa Mailing Address 430 S. Capitol Street, S.E.	ign Committee		Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement
Washington	State Zip Code DC 20003		Transaction ID : 39067688
Purpose of Disbursement Committee Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
	ment For: Primary Genera Other (specify) ▼	Type	5000.00 Memo Item Committee Contribution
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	Primary Genera	Type	Memo Item Committee Contribution Date of Disbursement
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial)	Primary Genera	Type	Memo Item Committee Contribution
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) People For Patty Murray Mailing Address PO Box 3662 City Seattle	Primary Genera	Type	Memo Item Committee Contribution Date of Disbursement
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) People For Patty Murray Mailing Address PO Box 3662 City Seattle Purpose of Disbursement Candidate Contribution	Primary	Type	Memo Item Committee Contribution Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) People For Patty Murray Mailing Address PO Box 3662 City Seattle Purpose of Disbursement Candidate Contribution Candidate Name Sen. Patty Murray	Primary General Other (specify) ▼ State Zip Code WA 98124	Type	Memo Item Committee Contribution Date of Disbursement M M O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) People For Patty Murray Mailing Address PO Box 3662 City Seattle Purpose of Disbursement Candidate Contribution Candidate Name Sen. Patty Murray	Primary	Type O11 Category/ Type	Memo Item Committee Contribution Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 49 OF 58
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	address of diffy politice	55	San
American Optometric Association F	Political Action Comp	nittee	
/ Amondan Optometric Association F	Childa Adidi Colli	muoc	
Full Name (Last, First, Middle Initial)			
A. Debbie Dingell For Congress			Date of Disbursement
Mailing Address 10055 W. Outer Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 19855 W. Outer Dr. Ste 103 Ae			02 11 2016
	State Zip Code		Transaction ID - 20070054
Dearborn	MI 48124		Transaction ID : 39076651
Purpose of Disbursement Candidate Contribution		011	Amount of Fook Dishursans at this Bark
Candidate Name			Amount of Each Disbursement this Period
Debbie Dingell		Category/ Type	2500.00
	nent For: 2016	.,,,,	Memo Item
	Primary General		Candidate Contribution
	Other (specify) ▼		
State: MI District: 12			
Full Name (Last, First, Middle Initial)			Data of Dishursoment
B. Democratic National Committee			Date of Disbursement
Mailing Address 430 South Capitol Street, S.E			02 16 2016
,	State Zip Code		Transaction ID: 39097479
Washington Purpose of Disbursement	DC 20003		
Committee Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	Timodal Cr. Education Company
		Type	15000.00
Office Sought: House Disbursem	nent For:		Memo Item
	Primary General		Committee Contribution
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) Young For Iowa, Inc.			Date of Disbursement
Tourig For Iowa, IIIC.			M M / D D / Y Y Y Y
Mailing Address PO Box 162			02 22 2016
21			
City S Van Meter	State Zip Code IA 50261		Transaction ID: 39109179
Purpose of Disbursement	30201		
Candidate Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
David Young		Type	1000.00
	nent For: 2016		Memo Item
	Primary General Other (specify) ▼		Candidate Contribution
State: IA District: 03	outor (opeoliy) ▼		
2 2 30			
SUBTOTAL of Disbursements This Page (optional)			18500.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 50 OF 58
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	TOWNELL I.
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 🔲 25 🖂 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten	nents may not be sold or use	ed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name	ne and address of any politica	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	Political Asticia Carre	mitte e	
American Optometric Association F	Colitical Action Comm	ппиее	
Full Name (Last, First, Middle Initial)			
A. LYNN PAC			Date of Disbursement
Mailing Address P.O. BOX 1872			02 22 2016
Mailing Addices F.U. DUA 1012			02 22 2016
City	State Zip Code		Transaction ID: 39109183
Topeka	KS 66601		11a113aCtio11 ID . 33103103
Purpose of Disbursement Committee Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Lacif Dispulsement this Period
		Category/ Type	2500.00
Office Sought: House Disbursen	nent For:	.,,,,	Memo Item
Senate	Primary General		Committee Contribution
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Diaburgament
Bill Nelson For U S Senate			Date of Disbursement
Mailing Address 972 W Whitmire Drive			02 22 2016
,	State Zip Code		Transaction ID : 39109186
Melbourne Purpose of Disbursement	FL 32935		-
Candidate Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Bill Nelson		Type	1000.00
Office Sought: House Disbursen	nent For: 2018		Memo Item
	Primary General		Candidate Contribution
President President	Other (specify) ▼		
State: FL District:			
Full Name (Last, First, Middle Initial) Thom Tillis Committee			Date of Disbursement
5. Thom Tills Committee			M M / D D / Y Y Y Y
Mailing Address PO Box 97396			02 22 2016
,	State Zip Code		Transaction ID: 39109194
Raleigh Purpose of Disbursement	NC 27624		
Candidate Contribution		011	Amount of Each Disbursement this Period
Candidate Continuation	 		, amount of Euch Disburschiefft this I chou
Candidate Name		Category/	
Candidate Name Thom Tillis		Category/ Type	2500.00
Candidate Name Thom Tillis	nent For: 2014		2500.00 Memo Item
Candidate Name Thom Tillis Office Sought: House Senate Disbursen	Primary General		
Candidate Name Thom Tillis Office Sought: House Senate President Disbursen	Primary General Other (specify) ▼	Type	Memo Item
Candidate Name Thom Tillis Office Sought: House Senate Disbursen	Primary General	Type	Memo Item
Candidate Name Thom Tillis Office Sought: House Disbursen	Primary General Other (specify) ▼ 2014 General Deb	Type t Re	Memo Item
Candidate Name Thom Tillis Office Sought: House Senate President Disbursen	Primary General Other (specify) ▼ 2014 General Deb	Type t Re	Memo Item Candidate Contribution

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used e and address of any political	by any perso	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Optometric Association P	olitical Action Comm	ittee	
Full Name (Last, First, Middle Initial) A. Cartwright For Congress Mailing Address PO Box 414			Date of Disbursement Date of Disbursement Date of Disbursement 2016
,	tate Zip Code PA 18501		Transaction ID : 39109937
Purpose of Disbursement Candidate Contribution Candidate Name Matt Cartwright Office Sought: House Senate Disbursem		011 Category/ Type	Amount of Each Disbursement this Period 2500.00 Memo Item Candidate Contribution
Full Name (Last, First, Middle Initial) 3. BUDDY PAC Mailing Address 824 S Milledge Ave			Date of Disbursement Date of Disbursement Date of Disbursement 2016
Ste 101 City S	tate Zip Code GA 30605	011	Transaction ID : 39109940 Amount of Each Disbursement this Period
		Category/ Type	2500.00 Memo Item Committee Contribution
Full Name (Last, First, Middle Initial) BAMPAC			Date of Disbursement
Baltimore Purpose of Disbursement Committee Contribution Candidate Name Office Sought: House Disbursem Senate President		011 Category/ Type	Transaction ID : 39109966 Amount of Each Disbursement this Period 2500.00 Memo Item Committee Contribution
State: District: SUBTOTAL of Disbursements This Page (optional)			7500.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)	Hee concrete selection (-)	FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Staten	l nents may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American Optometric Association F	Political Action Comr	nittee ———	
Full Name (Last, First, Middle Initial)			Data of Dishara and
A. Schatz For Senate			Date of Disbursement
Mailing Address PO Box 3828			02 23 2016
,	State Zip Code HI 96812		Transaction ID: 39109968
Honolulu Purpose of Disbursement	HI 96812		
Candidate Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Sen. Brian Schatz	agent Form COAC	Type	
	nent For: 2016 Primary General Other (specify)		Memo Item Candidate Contribution
State: HI District:	(1		
Full Name (Last, First, Middle Initial)			
Bilirakis For Congress			Date of Disbursement
Mailing Address PO Box 606			02 23 2016
City S Tarpon Springs	State Zip Code FL 34688		Transaction ID: 39109969
Purpose of Disbursement	34000		
Candidate Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Rep. Gus M. Bilirakis Office Sought: House Disbursen	nent For: 2016	Туре	
	Primary General		Memo Item Candidate Contribution
	Other (specify) ▼		Candidate Contribution
State: FL District: 12	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			
Gene Green Congressional Campa	aign		Date of Disbursement
Mailing Address PO Box 16128			02 23 2016
City	State Zip Code		
Houston	TX 77222		Transaction ID: 39109970
Purpose of Disbursement Candidate Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Rep. Gene Green		Type	1000.00
	nent For: 2016 Primary General		Memo Item Candidate Contribution
State: TX District: 29	Other (specify) ▼		
20			
SUBTOTAL of Disbursements This Page (optional)			4000.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 53 OF 58
TEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.
	for each category of the Detailed Summary Page	21b	22 🗙 23 🔲 24 🔲 25 🔲 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Staten	nents may not be sold or use	ed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the name	ne and address of any political	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	Political Asticia Carre	mitte e	
American Optometric Association F	Confical Action Com	nittee	
Full Name (Last, First, Middle Initial)			5
A. Cicilline Committee			Date of Disbursement
Mailing Address One Park Row, Fifth Floor			02 23 2016
•	State Zip Code		Transaction ID: 39109993
Providence	RI 02903		1141134CHOH ID . 33 103333
Purpose of Disbursement Candidate Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. David N. Cicilline		Туре	2300.00
	nent For: 2016		Memo Item
Senate Yresident	Other (specify) —		Candidate Contribution
State: RI District: 01	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
Courtney For Congress			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 1372			02 23 2016
•	State Zip Code		Transaction ID : 39109994
Vernon	CT 06066		.,
Purpose of Disbursement Candidate Contribution		011	Amount of Each Disbursement this Period
Candidate Name			, and an end Dispursement this Fellou
Rep. Joseph D. Courtney		Category/ Type	2500.00
• • • • • • • • • • • • • • • • • • • •	nent For: 2016	.,,,,	Memo Item
	Primary General		Candidate Contribution
President	Other (specify) ▼		
State: CT District: 02			
Full Name (Last, First, Middle Initial)			Data of Diskumannant
C. Alan Lowenthal For Congress			Date of Disbursement
Mailing Address 6380 Wilshire Blvd., #1612			02 23 2016
			25 2510
•	State Zip Code		Transaction ID: 39109996
Los Angeles	CA 90048		
Purpose of Disbursement Candidate Contribution		011	
Candidate Name			Amount of Each Disbursement this Period
Rep. Alan Lowenthal PhD		Category/ Type	2500.00
•	nent For: 2016	71: -	Memo Item
Senate	Primary General		Candidate Contribution
President	Other (specify) ▼		Ca. Cada Communici
State: CA District: 47			
SUBTOTAL of Disbursements This Page (optional)			7500.00

SCHEDULE B (FEC Form 3X)	Har arrant L. L. C.	FOR LINE	NUMBER: PAGE 54 OF 58
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	nents may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American Optometric Association F	Political Action Comn	nittee	
Full Name (Last, First, Middle Initial)			Data of Bishamana
Loebsack For Congress			Date of Disbursement
Mailing Address PO Box 3013	7: 0		02 23 2016
City S Iowa City	State Zip Code IA 52244		Transaction ID: 39109997
Purpose of Disbursement	32244		
Candidate Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. David Wayne Loebsack Office Sought: House Disbursen	nent For: 2016	Туре	
Senate	Primary General Other (specify)		Memo Item Candidate Contribution
State: IA District: 02			
Full Name (Last, First, Middle Initial)			
The Peter Norbeck Leadership PA	C		Date of Disbursement
Mailing Address P.O. Box 477			02 23 2016
,	State Zip Code SD 57501		Transaction ID : 39110071
Purpose of Disbursement Committee Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	1000.00
	nent For: Primary General Other (specify)		Memo Item Committee Contribution
State: District:	· · ·		
Full Name (Last, First, Middle Initial)			
Deb Fischer For Us Senate Inc			Date of Disbursement
Mailing Address 5555 South St			02 23 2016
City	State Zip Code		Transaction ID : 20440075
	NE 68506		Transaction ID: 39110075
Purpose of Disbursement Candidate Contribution		011	Amount of Each Disbursement this Period
Candidate Name Sen. Deb Fischer		Category/	2500.00
	nent For: 2018	Туре	
X Senate	Primary General Other (specify) ▼		Memo Item Candidate Contribution
State: NE District:			
			8500.00
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	6300.00
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	Harrison C. C. C. C. C.	FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem	ents may not be sold or use		
or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
American Optometric Association P	Political Action Comr	mittee	
Full Name (Last, First, Middle Initial)			B (B)
Democratic Senatorial Campaign C	committee		Date of Disbursement
Mailing Address 120 Maryland Avenue, N.E.	7:- O-d-		02 23 2016
•	State Zip Code DC 20002		Transaction ID: 39136246
Purpose of Disbursement	20002		
Committee Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	15000.00
Office Sought: House Distance	ant For:	Type	
Office Sought: House Disbursem	nent For: Primary General		Memo Item
	Other (specify)		Committee Contribution
State: District:	, , , , , , , , , , , , , , , , , , ,		
Full Name (Last, First, Middle Initial)			
Friends Of Jim Bridenstine Inc.			Date of Disbursement
Mailing Address Pmb 230 8086 South Yale			02 23 2016
Tulsa	State Zip Code OK 74136		Transaction ID: 39136248
Purpose of Disbursement Candidate Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each Dissurscinent this Fellou
Rep. Jim Bridenstine		Category/ Type	2500.00
•	nent For: 2016		Memo Item
	Primary General		Candidate Contribution
<u> </u>	Other (specify) ▼		
State: OK District: 01			
Full Name (Last, First, Middle Initial) Montanans For Tester			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 1135			02 23 2016
,	state Zip Code		Transaction ID : 39136250
Helena Purpose of Disbursement	MT 59624		
Candidate Contribution		011	Amount of Each Disbursement this Period
Candidate Name Sen. Jon Tester		Category/	2000.00
	nent For: 2018	Туре	
	Primary General		Memo Item Candidate Contribution
	Other (specify) ▼		Candidate Contribution
State: MT District:			
SUBTOTAL of Disbursements This Page (optional)		··········· >	19500.00
TOTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 56 OF 58
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 X 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)	and address of any points.		
American Optometric Association F	Political Action Comr	mittee	
/ American optometrie Accordation i	Ontioal Motion Com	Tittee	
Full Name (Last, First, Middle Initial)			
A. BRIDGE PAC			Date of Disbursement
Mailing Address 499 South Capitol St., SW			02 25 2016
Suite 114			
•	State Zip Code		Transaction ID: 39192886
Washington Purpose of Disbursement	DC 20003		
Committee Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	5000.00
Office Sought: House Disbursem			Memo Item
	Primary General		Committee Contribution
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
3. Friends Of Jim Clyburn			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address Post Office Box 12567			02 25 2016
•	State Zip Code		Transaction ID : 39192888
Columbia Purpose of Disbursement	SC 29211		
Candidate Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Rep. James E. Clyburn		Type	5000.00
	nent For: 2016		Memo Item
	Primary General		Candidate Contribution
State: SC District: 06	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
Friends Of Roy Blunt			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 10178			02 29 2016
City	State Zip Code		
Columbia	MO 65205		Transaction ID: 39197060
Purpose of Disbursement Candidate Contribution		1	
Candidate Name		011	Amount of Each Disbursement this Period
Sen. Roy Blunt		Category/ Type	1500.00
•	nent For: 2016	. , , , ,	Memo Item
	Primary General		Candidate Contribution
President	Other (specify) ▼		
State: MO District:			
			11500.00
SUBTOTAL of Disbursements This Page (optional)		······	11300.00
TOTAL This Period (last nage this line number only)			

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE N (check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name		by any perso	n for the purpose of soliciting contributions
American Optometric Association F	Political Action Comm	ittee	
Full Name (Last, First, Middle Initial) A. Jason Smith For Congress Mailing Address PO Box 1324			Date of Disbursement O2 29 2016
,	State Zip Code MO 63702		Transaction ID : 39197061
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Jason T. Smith Office Sought: House Senate Disbursem		011 Category/ Type	Amount of Each Disbursement this Period 1000.00 Memo Item Candidate Contribution
Full Name (Last, First, Middle Initial) Friends Of Dave Joyce Mailing Address 320 Kenarden Drive			Date of Disbursement Date of Disbursement Date of Disbursement 29 2016
Cleveland Purpose of Disbursement Candidate Contribution	State Zip Code OH 44143	011	Transaction ID : 39197063 Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary General Other (specify)	Category/ Type	5000.00 Memo Item Candidate Contribution
Full Name (Last, First, Middle Initial) Gene Green Congressional Campa	aign		Date of Disbursement
•	State Zip Code TX 77222		02 29 2016 Transaction ID : 39197065
Purpose of Disbursement Candidate Contribution Candidate Name Rep. Gene Green		011 Category/ Type	Amount of Each Disbursement this Period
Senate	nent For: 2016 Primary General Other (specify)		Memo Item Candidate Contribution
SUBTOTAL of Disbursements This Page (optional)		·····	7500.00
TOTAL This Period (last page this line number only).		·····	101500.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 58 OF 58
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c 29 30b
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Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
American Optometric Association F	Political Action Comr	nittee	
Full Name (Last, First, Middle Initial)			B
A. Dr. Julie A Hart			Date of Disbursement
Mailing Address 9000 County Road 9410			02 11 2016
,	State Zip Code		Transaction ID: 39078703
West Plains Purpose of Disbursement	MO 65775-6198		
Refund for Duplicate PAC Contribution		010	Amount of Each Disbursement this Period
Candidate Name		Category/	250.00
		Туре	250.00
Office Sought: House Disbursem			Memo Item
	Primary General Other (specify) ▼		Refund for Duplicate PAC Contribution
State: District:	Carol (Specify)		
Full Name (Last, First, Middle Initial)			
3.			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address			
,	State Zip Code		
Purpose of Disbursement			Amount of Each Dishusonment this Device
Candidate Name		البيا	Amount of Each Disbursement this Period
		Category/ Type	
Office Sought: House Disbursem	nent For:	-75-	Memo Item
	Primary General		_
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
√.			M M / D D / Y Y Y Y
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			
Out the New			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disbursem	nent For:	Type	
	Primary General		Memo Item
	Other (specify) ▼		
State: District:			
			250.00
SUBTOTAL of Disbursements This Page (optional)		·····•	250.00
TOTAL This Period (last nage this line number only)			250.00