



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Optometric Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="474007.69"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="517050.83"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="73371.56"/>	<input type="text" value="126427.46"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="590422.39"/>	<input type="text" value="600435.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="155997.42"/>	<input type="text" value="166010.18"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="434424.97"/>	<input type="text" value="434424.97"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	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
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	27.94	51.67
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	73371.56	126427.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	73371.56	126427.46

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	54247.42	56260.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	54247.42	56260.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	101500.00	109500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	250.00	250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	250.00	250.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	155997.42	166010.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	155997.42	166010.18

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	73343.62	126375.79
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	73093.62	126125.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	54247.42	56260.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	54247.42	56260.18

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

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

FOR LINE NUMBER: PAGE 6 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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**

**A. Dr. Paul C Ajamian**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 245 Shadowbrook Dr.  
 City Roswell State GA Zip Code 30075-4600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : 39054789**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Dr. Jennifer L Coyle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33630 SW Firdale Road  
 City Cornelius State OR Zip Code 97113-6215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry, MSC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : 39059090**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Dr. Hilary L Hawthorne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4470 Don Miguel Dr.  
 City Los Angeles State CA Zip Code 90008-2828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : 39059410**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Trevor J Cleveland**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3726 Robbie St  
 City Eugene State OR Zip Code 97404-1996  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 334.00

Date of Receipt 02 / 03 / 2016  
**Transaction ID : 39060702**  
 Amount of Each Receipt this Period 167.00  
 Memo Item

**B. Dr. Lynn Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6546 JACAL CT NW  
 City ALBUQUERQUE State NM Zip Code 87114-6120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  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

**c. Dr. Obie G Pennington**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21685 Adobe Road  
 City Red Bluff State CA Zip Code 96080-9392  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 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).....



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Sheldon G Greenspan**  
Full Name (Last, First, Middle Initial)

Mailing Address 1259 Us Highway 46 Ste 4B

City Parsippany State NJ Zip Code 07054-4909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 02 / 2016  
**Transaction ID : 39060812**

Amount of Each Receipt this Period  
250.00

Memo Item

Contributor

**B. Dr. Rodolfo L Rodriguez**  
Full Name (Last, First, Middle Initial)

Mailing Address 404 Main St

City Ridgefield Pk State NJ Zip Code 07660-1128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2016  
**Transaction ID : 39061634**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Dr. Scott M Burks**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1351

City Buffalo State MO Zip Code 65622-1351

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2016  
**Transaction ID : 39061786**

Amount of Each Receipt this Period  
125.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Martin H Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3700 Essex Rd  
 City Cheyenne State WY Zip Code 82001-1641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 04 / 2016  
**Transaction ID : 39061787**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B. Dr. Charles H Fitzpatrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18 Byron Dr.  
 City Mount Laurel State NJ Zip Code 08054-4700  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : 39061941**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Dr. Fred E Goldberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6924 Butternut Ct  
 City McLean State VA Zip Code 22101-1506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 01 / 2016  
**Transaction ID : 39061942**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Denise L Roddy**  
Full Name (Last, First, Middle Initial)

Mailing Address 13605 S 18th Pl

City Bixby State OK Zip Code 74008-3612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2016  
**Transaction ID : 39061943**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B. Dr. Diane M Russo**  
Full Name (Last, First, Middle Initial)

Mailing Address 199 Lexington St Apt 25

City Auburndale State MA Zip Code 02466-1343

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
02 / 04 / 2016  
**Transaction ID : 39062629**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Dr. Christopher D Morris**  
Full Name (Last, First, Middle Initial)

Mailing Address 809 Brookside Ct

City Rogers State AR Zip Code 72758-8156

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2016  
**Transaction ID : 39062639**

Amount of Each Receipt this Period  
365.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1665.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Nicholas R Gilmore**  
Full Name (Last, First, Middle Initial)

Mailing Address 1211 North Park

City Fairmont State MN Zip Code 56031-2624

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 02 / 2016  
**Transaction ID : 39062643**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Dr. Jesse Ben Mize III**  
Full Name (Last, First, Middle Initial)

Mailing Address 99 Alexander Run Rd

City Ravenswood State WV Zip Code 26164-3682

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 01 / 2016  
**Transaction ID : 39062645**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Dr. Tammy P Than**  
Full Name (Last, First, Middle Initial)

Mailing Address 181 Oakmont Rd

City Birmingham State AL Zip Code 35244-2286

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 05 / 2016  
**Transaction ID : 39062779**

Amount of Each Receipt this Period 500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Scott R Ream**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Dogwood Cir

City West Plains State MO Zip Code 65775-5171

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 05 / 2016**

**Transaction ID : 39062861**

Amount of Each Receipt this Period **500.00**

Memo Item

**B. Dr. Howard Russell Day**  
Full Name (Last, First, Middle Initial)

Mailing Address 3555 Kingshill Rd

City Mountain Brk State AL Zip Code 35223-1421

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 05 / 2016**

**Transaction ID : 39063070**

Amount of Each Receipt this Period **500.00**

Memo Item

**C. Dr. Dorothy L Hitchmoth**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 302

City New London State NH Zip Code 03257-0302

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **226.00**

Date of Receipt **02 / 05 / 2016**

**Transaction ID : 39063148**

Amount of Each Receipt this Period **50.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **1050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Optometric Association Political Action Committee**

**A. Dr. Steve Nguyen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7417 PRIMROSE DR  
 City IRVING State TX Zip Code 75063-5507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2016  
**Transaction ID : 39063159**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Dr. Samuel D Pierce**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2679 Vesclub Cir  
 City Vestavia State AL Zip Code 35216-1356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2016  
**Transaction ID : 39063161**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Dr. Jennifer Sidun Vincent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32066 Lake Rd  
 City Avon Lake State OH Zip Code 44012-1845  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 06 / 2016  
**Transaction ID : 39063164**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Jeri Ann Schneebeck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10036 E Pinewood Dr  
 City Parker State CO Zip Code 80138-7804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2016  
**Transaction ID : 39063217**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

**B. Dr. Zachary B Steele**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5812 Carrington Lake Pkwy  
 City Trussville State AL Zip Code 35173-2890  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2016  
**Transaction ID : 39063218**  
 Amount of Each Receipt this Period  
 160.00  
 Memo Item

**C. Dr. Ilana Gelfond-Polnariiev**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 441 Virginia Ave  
 City Staten Island State NY Zip Code 10305-1652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 08 / 2016  
**Transaction ID : 39063251**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	860.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Lee S Peplinski**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 Village St

City Pikeville State KY Zip Code 41501-3269

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **02 / 05 / 2016**

**Transaction ID : 39066705**

Amount of Each Receipt this Period **365.00**

Memo Item

**B. Dr. Michael James Bowker**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 Le Moyne Pkwy

City Oak Park State IL Zip Code 60302-1120

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 05 / 2016**

**Transaction ID : 39066709**

Amount of Each Receipt this Period **250.00**

Memo Item

**C. Dr. John D Coble**  
Full Name (Last, First, Middle Initial)

Mailing Address 1501 Sunset Hill Dr

City Rockwall State TX Zip Code 75087-3216

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **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 only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Dr. David Samuel Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 940 Sugar Springs Dr.  
 City Las Vegas State NV Zip Code 89110-2934  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 39070495**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Dr. Hale M Kell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 292 Paragon Dr  
 City Boulder State CO Zip Code 80303-4919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 04 / 2016  
**Transaction ID : 39070496**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dr. Neill R Marshall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 804 4th St  
 City N Martinsvle State WV Zip Code 26155-2022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt 02 / 10 / 2016  
**Transaction ID : 39072435**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Mark E Leary**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 Bridge Pointe Drive

City New Bern State NC Zip Code 28562-6419

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 10 / 2016  
**Transaction ID : 39072443**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Dr. Thomas J Cullinane**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 Cordovan Commons Pkwy

City Chesterfield State MO Zip Code 63017-2239

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 39073543**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Dr. Cheryl E Schmitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 4200 W Oasis Dr.

City Tucson State AZ Zip Code 85742-9194

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 10 / 2016  
**Transaction ID : 39073766**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Stephen M Montaquila**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 Peveril Rd  
 City Cranston State RI Zip Code 02921-2422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 11 / 2016  
**Transaction ID : 39077418**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**B. Dr. Phillip A Gelwick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3649 E 49Th Pl  
 City Tulsa State OK Zip Code 74135-3105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2016  
**Transaction ID : 39077419**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Dr. Barbara L Horn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61269 Coralburst Dr.  
 City Washington State MI Zip Code 48094-1746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 330.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2016  
**Transaction ID : 39078013**  
 Amount of Each Receipt this Period  
 165.29  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2415.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Mr. Jonathan F Hymes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1505 Prince St  
 City Alexandria State VA Zip Code 22314-2852  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Optometric Association Occupation Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 39078016**  
 Amount of Each Receipt this Period 166.67  
 Memo Item

**B. Dr. Jason T Ortman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8085 E Byers Ave  
 City Denver State CO Zip Code 80230-6755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 13 / 2016  
**Transaction ID : 39084526**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dr. David R Frazee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4962 Shoreline Dr  
 City Frisco State TX Zip Code 75034-4058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 13 / 2016  
**Transaction ID : 39084527**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	616.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Jeff D Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 706 Wedgewood Dr.

City Stillwater State OK Zip Code 74075-8241

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 39084664**

Amount of Each Receipt this Period 2000.00

Memo Item

**B. Dr. Thomas Annunziato**  
Full Name (Last, First, Middle Initial)

Mailing Address 11700 Northview Dr

City Aledo State TX Zip Code 76008-5223

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 39084665**

Amount of Each Receipt this Period 2000.00

Memo Item

**C. Dr. Barry Alan Weissman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2567 Amherst Ave

City Los Angeles State CA Zip Code 90064-2711

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry,PHD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 39084666**

Amount of Each Receipt this Period 1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5000.00

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

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

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

FOR LINE NUMBER: PAGE 22 OF 58  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Optometric Association Political Action Committee**

**A. Dr G. Barnard Wilson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3604 Atwood Pl  
City Modesto State CA Zip Code 95355-1304  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 39084667**  
Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Dr Glenn A Kaprielian**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10006 Seneca Falls Ave  
City Bakersfield State CA Zip Code 93312-1868  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt 02 / 09 / 2016  
**Transaction ID : 39084668**  
Amount of Each Receipt this Period 260.00  
 Memo Item

**C. Dr. Loni R Dickerhoof**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8667 Springbriar Cir NW  
City Clinton State OH Zip Code 44216-9503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 02 / 12 / 2016  
**Transaction ID : 39084740**  
Amount of Each Receipt this Period 500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1060.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Dr. Charles Jeffrey Foster**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 508 3rd St  
 City Newport State TN Zip Code 37821-3707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2016  
**Transaction ID : 39084741**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Dr. Michelle E Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Crown St  
 City Plainville State CT Zip Code 06062-2214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2016  
**Transaction ID : 39084742**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Dr. Dorothy L Hitchmoth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 302  
 City New London State NH Zip Code 03257-0302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 314.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2016  
**Transaction ID : 39084751**  
 Amount of Each Receipt this Period  
 88.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	838.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Sue E Lowe**  
Full Name (Last, First, Middle Initial)

Mailing Address 1704 Skyline Rd

City Laramie State WY Zip Code 82070-8932

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.34

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 39097261**

Amount of Each Receipt this Period 166.67

Memo Item

**B. Dr. Gary James Avallone**  
Full Name (Last, First, Middle Initial)

Mailing Address 144 Fox Run

City West Monroe State LA Zip Code 71291-8137

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.34

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 39097262**

Amount of Each Receipt this Period 166.67

Memo Item

**C. Dr. Trevor J Cleveland**  
Full Name (Last, First, Middle Initial)

Mailing Address 3726 Robbie St

City Eugene State OR Zip Code 97404-1996

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 418.00

Date of Receipt 02 / 16 / 2016  
**Transaction ID : 39099063**

Amount of Each Receipt this Period 84.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 417.34

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Joe E Ellis**  
Full Name (Last, First, Middle Initial)

Mailing Address 179 Wood Trce

City Benton State KY Zip Code 42025-9400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.34

Date of Receipt  
02 / 18 / 2016  
**Transaction ID : 39100500**

Amount of Each Receipt this Period  
166.67

Memo Item

**B. Dr. Susan M Brunnett**  
Full Name (Last, First, Middle Initial)

Mailing Address 9940 Ashleigh Way

City Highlands Ranch State CO Zip Code 80126-4244

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.34

Date of Receipt  
02 / 19 / 2016  
**Transaction ID : 39106479**

Amount of Each Receipt this Period  
166.67

Memo Item

**C. Dr. Lance E Wright**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 Sw 24Th St

City Seminole State TX Zip Code 79360-3845

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  
02 / 19 / 2016  
**Transaction ID : 39106944**

Amount of Each Receipt this Period  
365.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 698.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Lynn Smith Hammonds**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2725 Smyer Rd  
 City Vestavia State AL Zip Code 35216-1026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 333.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2016  
**Transaction ID : 39108125**  
 Amount of Each Receipt this Period  
 166.67  
 Memo Item

**B. Dr. Dirk Michael Beyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 709 S 5th St  
 City Hamilton State MT Zip Code 59840-2755  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 318.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2016  
**Transaction ID : 39108129**  
 Amount of Each Receipt this Period  
 159.10  
 Memo Item

**C. Dr. Justin C Holt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3110 W 300 N Ste D  
 City West Point State UT Zip Code 84015-7481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 333.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2016  
**Transaction ID : 39108135**  
 Amount of Each Receipt this Period  
 166.67  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	492.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Viktoria L Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 310 E Main St

City Madelia State MN Zip Code 56062-1735

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2016  
**Transaction ID : 39108497**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Dr. Derek J Louie**  
Full Name (Last, First, Middle Initial)

Mailing Address 19302 Riverwood Lane

City Lake Oswego State OR Zip Code 97035-1318

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 263.34

Date of Receipt 02 / 21 / 2016  
**Transaction ID : 39108498**

Amount of Each Receipt this Period 131.67

Memo Item

**C. Dr. Randolph E Brooks**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Schindler Dr

City Succasunna State NJ Zip Code 07876-1183

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 21 / 2016  
**Transaction ID : 39108499**

Amount of Each Receipt this Period 200.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 581.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Bradley M Lane**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Ridgeway Dr.

City Princeton State WV Zip Code 24740-9775

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
02 / 21 / 2016  
**Transaction ID : 39108514**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B. Dr. James W Wadley**  
Full Name (Last, First, Middle Initial)

Mailing Address 1349 Canterbury Dr

City Abilene State TX Zip Code 79602-4260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
02 / 22 / 2016  
**Transaction ID : 39108531**

Amount of Each Receipt this Period  
170.00

Memo Item

**C. Dr. Vissett Scott Sun**  
Full Name (Last, First, Middle Initial)

Mailing Address 15507 Driftwood Oak Ct

City Houston State TX Zip Code 77059-5831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 22 / 2016  
**Transaction ID : 39109566**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2420.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Ted A McElroy**  
Full Name (Last, First, Middle Initial)

Mailing Address 2812 Ridge Ave N

City Tifton State GA Zip Code 31794-1327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.34

Date of Receipt  
02 / 23 / 2016  
**Transaction ID : 39109865**

Amount of Each Receipt this Period  
166.67

Memo Item

**B. Dr. Fred Farias III**  
Full Name (Last, First, Middle Initial)

Mailing Address 1308 S Cynthia St

City McAllen State TX Zip Code 78501-1114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
02 / 22 / 2016  
**Transaction ID : 39109885**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Dr. Mark Gerard Carolan**  
Full Name (Last, First, Middle Initial)

Mailing Address 529 Faulkner Dr.

City Schertz State TX Zip Code 78154-1142

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 22 / 2016  
**Transaction ID : 39109886**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	916.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Dr. Deanna Swafford Alexander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4127 Cedargate Dr  
 City Fort Collins State CO Zip Code 80526-3386  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2016  
**Transaction ID : 39136414**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Dr. Dori M Carlson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box O  
 City Park River State ND Zip Code 58270-0714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 333.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2016  
**Transaction ID : 39136423**  
 Amount of Each Receipt this Period  
 166.67  
 Memo Item

**C. Dr. Michael E Hanen-Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 241 Norman Ridge Dr.  
 City Bloomington State MN Zip Code 55437-1709  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2016  
**Transaction ID : 39136426**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	666.67
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Gerald R Neidigh Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2740 Windy Meadow Lane  
 City Powhatan State VA Zip Code 23139-7847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2016  
**Transaction ID : 39166519**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Dr. Gregory A Caldwell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 Terrace Dr  
 City Lilly State PA Zip Code 15938-5819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 333.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2016  
**Transaction ID : 39166520**  
 Amount of Each Receipt this Period  
 166.67  
 Memo Item

**C. Dr. Robert Carl Layman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4937 Homerdale Ave  
 City Toledo State OH Zip Code 43623-2930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2016  
**Transaction ID : 39166527**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	916.67
<b>TOTAL</b> This Period (last page this line number only).....▶	





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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Steven Thomas Reed**  
Full Name (Last, First, Middle Initial)

Mailing Address 4550 Simpson Highway 28 W

City	State	Zip Code
Magee	MS	39111-5187

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

**Transaction ID : 39192957**

Amount of Each Receipt this Period  
166.67

Memo Item

**B. Dr. Dennis M Brtva**  
Full Name (Last, First, Middle Initial)

Mailing Address 57 Pebblebrook Ct

City	State	Zip Code
Bloomington	IL	61705-6300

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
318.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	26	/	2016

**Transaction ID : 39192959**

Amount of Each Receipt this Period  
159.10

Memo Item

**C. Dr. Robert Rush Sandlin**  
Full Name (Last, First, Middle Initial)

Mailing Address 22710 Village Ln

City	State	Zip Code
Athens	AL	35613-2873

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2016

**Transaction ID : 39193069**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.77
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Dr. Natalie K McKee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4211 Allenhurst Close  
 City Cincinnati State OH Zip Code 45241-6624  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt 02 / 25 / 2016  
**Transaction ID : 39193169**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Dr. MaryJane Healey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6710 124th PI SE  
 City Snohomish State WA Zip Code 98296-8649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 400.00

Date of Receipt 02 / 27 / 2016  
**Transaction ID : 39194557**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Dr. James P DeVleming**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 670 SE Meadow Vale Dr  
 City Pullman State WA Zip Code 99163-2445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 334.00

Date of Receipt 02 / 27 / 2016  
**Transaction ID : 39194570**  
 Amount of Each Receipt this Period 167.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	617.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Margarette R Recalde**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1843 Decatur Ave  
 City Clovis State CA Zip Code 93611-6691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 27 / 2016  
**Transaction ID : 39194577**  
 Amount of Each Receipt this Period  
 365.00  
 Memo Item

**B. Dr. Andrea P Thau**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 145 E 84th St Apt 11A  
 City New York State NY Zip Code 10028-2058  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2016  
**Transaction ID : 39194597**  
 Amount of Each Receipt this Period  
 166.67  
 Memo Item

**C. Dr. Mira B Swiecicki**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 664 Clark Rd  
 City Bellingham State WA Zip Code 98225-7842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 28 / 2016  
**Transaction ID : 39194605**  
 Amount of Each Receipt this Period  
 167.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	698.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Robert L Jarrell III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Cedar Hill Rd Ne  
 City Albuquerque State NM Zip Code 87122-1928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  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

**B. Dr. Harue Jean Marsden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1445 Prospect Ave Unit D  
 City Placentia State CA Zip Code 92870-3816  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  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

**C. Dr. Mitchell Todd Munson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9940 Ashleigh Way  
 City Highlands Ranch State CO Zip Code 80126-4244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 333.88

Date of Receipt 02 / 28 / 2016  
**Transaction ID : 39194615**  
 Amount of Each Receipt this Period 166.94  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 38 OF 58  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. Curtis A Ono**

Mailing Address 822 W Barrett St

City State Zip Code  
 Seattle WA 98119-1829

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 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)  
**B. Dr. Chris R Fields**

Mailing Address 410 Miracle Mile Suite 13

City State Zip Code  
 Lebanon NH 03766-2639

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 334.00

Date of Receipt  
 02 / 28 / 2016  
**Transaction ID : 39194625**

Amount of Each Receipt this Period  
 167.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Dr. Teresa L Carlson**

Mailing Address 6607 S Forest Way Unit D

City State Zip Code  
 Centennial CO 80121-3566

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 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 only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Michael Leslie Weeden**  
Full Name (Last, First, Middle Initial)

Mailing Address 3201 Gaines Rd

City State Zip Code  
Corinth MS 38834-8422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
02 / 28 / 2016  
**Transaction ID : 39194628**

Amount of Each Receipt this Period  
200.00

Memo Item

**B. Dr. Kevin Gee**  
Full Name (Last, First, Middle Initial)

Mailing Address 9119 Highway 6 Ste 200

City State Zip Code  
Missouri City TX 77459-4876

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.34

Date of Receipt  
02 / 28 / 2016  
**Transaction ID : 39194645**

Amount of Each Receipt this Period  
166.67

Memo Item

**C. Dr. Edward M Kosnoski**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 Kensington Ave S

City State Zip Code  
Kent WA 98030-7004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
02 / 28 / 2016  
**Transaction ID : 39194651**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	616.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Jennifer L Planitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 3537 Newcastle Dr SE

City Rio Rancho State NM Zip Code 87124-3672

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**833.32**

Date of Receipt  
**02 / 28 / 2016**

**Transaction ID : 39194655**

Amount of Each Receipt this Period  
**416.66**

Memo Item

**B. Dr. Peter H Kehoe**  
Full Name (Last, First, Middle Initial)

Mailing Address 521 N Soangetaha Rd

City Galesburg State IL Zip Code 61401-5588

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
**02 / 28 / 2016**

**Transaction ID : 39194661**

Amount of Each Receipt this Period  
**175.00**

Memo Item

**c. Dr. Christopher L Jons**  
Full Name (Last, First, Middle Initial)

Mailing Address 618 Apache Dr.

City Buffalo State WY Zip Code 82834-2514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**366.00**

Date of Receipt  
**02 / 29 / 2016**

**Transaction ID : 39197287**

Amount of Each Receipt this Period  
**366.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>957.66</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dr. Justin M Cole**  
Full Name (Last, First, Middle Initial)

Mailing Address 116 Pink Orchard Dr

City Mooresville State NC Zip Code 28115-8016

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 39197391**

Amount of Each Receipt this Period 500.00

Memo Item

**B. Dr. Eric D O'Brien**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Bel Aire Ct

City Burlington State IA Zip Code 52601-6200

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 39198022**

Amount of Each Receipt this Period 250.00

Memo Item

**C. Dr. Morgan Brent Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 Chaparral Rd

City Burkburnett State TX Zip Code 76354-2835

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 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)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Robert C Huizenga**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3397 Kayelin Ct  
 City Jenison State MI Zip Code 49428-9490  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 39198025**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item

**B. Dr. Ronald J Hall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 170 Mann School Rd  
 City Smithfield State RI Zip Code 02917-1413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 39198028**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Dr. Michael K De Rosier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1073  
 City Deer Park State WA Zip Code 99006-1073  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 39198030**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Dr. Eric Orava**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 641 41st St  
 City Brooklyn State NY Zip Code 11232-3138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 39198034**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Dr. Teresa M Rohrs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1254 State Route 109  
 City Malinta State OH Zip Code 43535-9732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Putnam Parkway Eyecare Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 39198035**  
 Amount of Each Receipt this Period  
 280.00  
 Memo Item

**C. Dr. David Wayne Weiss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8801 Wandering Trail Dr  
 City Potomac State MD Zip Code 20854-2377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2016  
**Transaction ID : 39198039**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1030.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 58
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Dr. Avery T Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 1386 S 38th St

City Grand Forks State ND Zip Code 58201-3708

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 29 / 2016  
**Transaction ID : 39198043**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Dr. Bradley J Richlin**  
Full Name (Last, First, Middle Initial)

Mailing Address 16225 Quemada Rd

City Encino State CA Zip Code 91436-3620

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 39204163**

Amount of Each Receipt this Period 500.00

Memo Item

**C. Erick A Henderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 E Raymond Ave

City Danville State IL Zip Code 61832-1823

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt 02 / 23 / 2016  
**Transaction ID : 39212262**

Amount of Each Receipt this Period 74.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 824.00

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

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

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

FOR LINE NUMBER: PAGE 45 OF 58  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Julie A Hart**

Mailing Address 9000 County Road 9410

City West Plains	State MO	Zip Code 65775-6198
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
-250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	11	/	2016

**Transaction ID : 39234097**

Amount of Each Receipt this Period  

0.00
------

 Memo Item

Refund(s) on Schedule B Totaling \$250.00 This changes the YTD Total to \$-250.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

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

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period  

--

 Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

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

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period  

--

 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	46612.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. WellsFargo**

Mailing Address 1650 Tyson Blvd.

City McLean State VA Zip Code 22102

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 39084599**

Amount of Each Disbursement this Period

Memo Item  
Bank Fees

Full Name (Last, First, Middle Initial)

**B. Perkins Coie, LLP**

Mailing Address ATTN: Client Accounting  
1201 Third Avenue, 40th Floor

City Seattle State WA Zip Code 98101

Purpose of Disbursement  
Legal Services

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 39192874**

Amount of Each Disbursement this Period

Memo Item  
Legal Services

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
Visa/Master Card Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 39212308**

Amount of Each Disbursement this Period

Memo Item  
Visa/Master Card Fees

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
American Express Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 39212310**

Amount of Each Disbursement this Period

Memo Item  
American Express Fees

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
Bank Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 39212311**

Amount of Each Disbursement this Period

Memo Item  
Bank Fees

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Team Ryan**

Mailing Address 320 1st St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Committee Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : 39063255**

Amount of Each Disbursement this Period  
5000.00

Memo Item  
Committee Contribution

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

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

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Committee Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : 39067688**

Amount of Each Disbursement this Period  
5000.00

Memo Item  
Committee Contribution

Full Name (Last, First, Middle Initial)

**C. People For Patty Murray**

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement  
Candidate Contribution

011  
Category/  
Type

Candidate Name

**Sen. Patty Murray**

Office Sought:  House  Senate  President  
State: WA District:

Disbursement For: 2016  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2016

**Transaction ID : 39067691**

Amount of Each Disbursement this Period  
1000.00

Memo Item  
Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

11000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Debbie Dingell For Congress**

Mailing Address 19855 W. Outer Dr.  
Ste 103 Ae

City Dearborn State MI Zip Code 48124

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Debbie Dingell**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Date of Disbursement

MM / DD / YYYY  
02 / 11 / 2016

**Transaction ID : 39076651**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Democratic National Committee**

Mailing Address 430 South Capitol Street, S.E

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Committee Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 16 / 2016

**Transaction ID : 39097479**

Amount of Each Disbursement this Period

15000.00

Memo Item  
Committee Contribution

Full Name (Last, First, Middle Initial)

**C. Young For Iowa, Inc.**

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**David Young**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

**Transaction ID : 39109179**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

18500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. LYNN PAC**

Mailing Address P.O. BOX 1872

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

**Transaction ID : 39109183**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Committee Contribution

Full Name (Last, First, Middle Initial)

**B. Bill Nelson For U S Senate**

Mailing Address 972 W Whitmire Drive

City Melbourne State FL Zip Code 32935

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

Category/  
Type

**Sen. Bill Nelson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

**Transaction ID : 39109186**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Thom Tillis Committee**

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

Category/  
Type

**Thom Tillis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 2014 General Debt Re

Date of Disbursement

MM / DD / YYYY  
02 / 22 / 2016

**Transaction ID : 39109194**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Cartwright For Congress**

Mailing Address PO Box 414

City Scranton State PA Zip Code 18501

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Matt Cartwright**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2016

**Transaction ID : 39109937**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item  
Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. BUDDY PAC**

Mailing Address 824 S Milledge Ave  
Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement  
Committee Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2016

**Transaction ID : 39109940**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item  
Committee Contribution

Full Name (Last, First, Middle Initial)

**C. BAMPAC**

Mailing Address PO Box 2315

City Baltimore State MD Zip Code 21203

Purpose of Disbursement  
Committee Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2016

**Transaction ID : 39109966**

Amount of Each Disbursement this Period

2500.00
---------

Memo Item  
Committee Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00
---------

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

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Cicilline Committee**

Mailing Address One Park Row, Fifth Floor

City Providence State RI Zip Code 02903

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. David N. Cicilline**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: RI District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 39109993**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Courtney For Congress**

Mailing Address PO Box 1372

City Vernon State CT Zip Code 06066

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Joseph D. Courtney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CT District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 39109994**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Alan Lowenthal For Congress**

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Alan Lowenthal PhD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

**Transaction ID : 39109996**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Avenue, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Committee Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

Transaction ID : 39136246

Amount of Each Disbursement this Period

15000.00

Memo Item  
Committee Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Jim Bridenstine Inc.**

Mailing Address Pmb 230  
8086 South Yale

City Tulsa State OK Zip Code 74136

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Rep. Jim Bridenstine**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OK District: 01

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

Transaction ID : 39136248

Amount of Each Disbursement this Period

2500.00

Memo Item  
Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Montanans For Tester**

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Sen. Jon Tester**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
02 / 23 / 2016

Transaction ID : 39136250

Amount of Each Disbursement this Period

2000.00

Memo Item  
Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

19500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. BRIDGE PAC**

Mailing Address 499 South Capitol St., SW  
Suite 114

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Committee Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 25 / 2016

Transaction ID : 39192886

Amount of Each Disbursement this Period

5000.00

Memo Item  
Committee Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Jim Clyburn**

Mailing Address Post Office Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Rep. James E. Clyburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 25 / 2016

Transaction ID : 39192888

Amount of Each Disbursement this Period

5000.00

Memo Item  
Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Roy Blunt**

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205

Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Sen. Roy Blunt**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 29 / 2016

Transaction ID : 39197060

Amount of Each Disbursement this Period

1500.00

Memo Item  
Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11500.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Jason Smith For Congress**

Mailing Address PO Box 1324

City State Zip Code  
Cape Girardeau MO 63702

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Jason T. Smith**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : 39197061**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item  
Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Dave Joyce**

Mailing Address 320 Kenarden Drive

City State Zip Code  
Cleveland OH 44143

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Dave Joyce**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : 39197063**

Amount of Each Disbursement this Period

5000.00
---------

Memo Item  
Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City State Zip Code  
Houston TX 77222

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Gene Green**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2016

**Transaction ID : 39197065**

Amount of Each Disbursement this Period

1500.00
---------

Memo Item  
Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00
---------

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

101500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Dr. Julie A Hart**

Mailing Address 9000 County Road 9410

City West Plains State MO Zip Code 65775-6198

Purpose of Disbursement  
Refund for Duplicate PAC Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : 39078703**

Amount of Each Disbursement this Period

Memo Item  
Refund for Duplicate PAC Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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