

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Optometric Association Political Action Committee

ADDRESS (number and street) 1505 Prince Street Suite 300 Alexandria VA 22314 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00024968 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 11 / 25 / 2014 through 12 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Fred Dubrick O.D.

Signature of Treasurer Fred Dubrick O.D. [Electronically Filed] Date 01 / 28 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="2014"/>		<input type="text" value="503410.42"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="305010.31"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="88692.02"/>	<input type="text" value="889588.74"/>
(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="393702.33"/>	<input type="text" value="1392999.16"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11767.49"/>	<input type="text" value="1011064.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="381934.84"/>	<input type="text" value="381934.84"/>
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

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).....	61969.07	610911.11
(ii) Unitemized .....	26182.27	265756.16
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	88151.34	876667.27
(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) .....	88151.34	876667.27
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	12125.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	540.68	796.47
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))..... ▶	88692.02	889588.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	88692.02	889588.74

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2267.49	106163.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2267.49	106163.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	791500.00
24. Independent Expenditures (use Schedule E) .....	0.00	99993.75
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2806.77
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2806.77
29. Other Disbursements .....	0.00	10600.00
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)) ..	11767.49	1011064.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11767.49	1011064.32

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	88151.34	876667.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2806.77
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	88151.34	873860.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2267.49	106163.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2267.49	106163.80

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 170
<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Mark R Lee</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2014 <b>Transaction ID : 37691656</b>
Mailing Address PO Box 184		Amount of Each Receipt this Period 45.00
City Blue Diamond	State NV	Zip Code 89004-0184
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 480.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. William A Howe</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2014 <b>Transaction ID : 37691657</b>
Mailing Address 2415 K St		Amount of Each Receipt this Period 250.00
City Sacramento	State CA	Zip Code 95816-5001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer California Optometric Assn	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>c. Dr. Steven Snapp</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2014 <b>Transaction ID : 37691658</b>
Mailing Address 310 Tendoy St		Amount of Each Receipt this Period 125.00
City Bellevue	State ID	Zip Code 83313-5085
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	420.00
<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 7 OF 170
	<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. James A Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 839 16th Ave E

City Jerome State ID Zip Code 83338-1504

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 11 / 25 / 2014  
**Transaction ID : 37691659**

Amount of Each Receipt this Period 75.00

**B. Dr. Robert Bruce Grill**  
Full Name (Last, First, Middle Initial)

Mailing Address 3359 Willow Way

City Twin Falls State ID Zip Code 83301-8191

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 11 / 25 / 2014  
**Transaction ID : 37691660**

Amount of Each Receipt this Period 75.00

**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 ▼ 916.85

Date of Receipt 11 / 25 / 2014  
**Transaction ID : 37691661**

Amount of Each Receipt this Period 83.35

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 233.35

**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 170
<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Robert Carl Layman</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014 <b>Transaction ID : 37691664</b>
Mailing Address 4937 Homerdale Ave		Amount of Each Receipt this Period 500.00
City Toledo	State OH	Zip Code 43623-2930
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2185.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Rustin M Hatch</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014 <b>Transaction ID : 37691665</b>
Mailing Address 1425 Evergreen Dr		Amount of Each Receipt this Period 50.00
City Twin Falls	State ID	Zip Code 83301-3423
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 503.33	

Full Name (Last, First, Middle Initial) <b>C. Dr. Jeffrey A Gonnason</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014 <b>Transaction ID : 37691667</b>
Mailing Address 6721 Gloucester Pl		Amount of Each Receipt this Period 84.00
City Anchorage	State AK	Zip Code 99504-3343
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 924.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	634.00
<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 9 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. D. Matthew Burchett**

Full Name (Last, First, Middle Initial)  
Mailing Address 1231 Parkview Way

City Richmond State KY Zip Code 40475-3436

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 ▼ **926.70**

Date of Receipt **11 / 25 / 2014**

**Transaction ID : 37691668**

Amount of Each Receipt this Period **83.34**

**B. Dr. Gabrielle W Marshall**

Full Name (Last, First, Middle Initial)  
Mailing Address 2463 NW 1st St

City Bend State OR Zip Code 97701-1246

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

Name of Employer Self Employed Occupation Doctor of Optometry,FCOVD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **11 / 25 / 2014**

**Transaction ID : 37691669**

Amount of Each Receipt this Period **50.00**

**C. Dr. Ashley Mc Ferron**

Full Name (Last, First, Middle Initial)  
Mailing Address 5079 W Sunset Dr

City Lake Oswego State OR Zip Code 97035-4253

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 ▼ **458.37**

Date of Receipt **11 / 25 / 2014**

**Transaction ID : 37691670**

Amount of Each Receipt this Period **41.67**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>175.01</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: PAGE 10 OF 170  
(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**

**A. Dr. Julie A Toon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2204 N Longwood Cir  
 City State Zip Code  
 Wichita KS 67226-1157  
 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 ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2014  
**Transaction ID : 37691671**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Robert Owens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Century Ln  
 City State Zip Code  
 Newmanstown PA 17073-8982  
 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 ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2014  
**Transaction ID : 37691672**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Gerald R Neidigh JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2740 Windy Meadow Lane  
 City State Zip Code  
 Powhatan VA 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 ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2014  
**Transaction ID : 37691673**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00  
**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 11 OF 170
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ms. Bj Avery</b>		Date of Receipt 11 / 25 / 2014 <b>Transaction ID : 37691674</b>
Mailing Address 1104 West Ave		Amount of Each Receipt this Period 200.00
City Austin	State TX	Zip Code 78701-2020
FEC ID number of contributing federal political committee. C		
Name of Employer Texas Optometric Assn Inc	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Markus Barth</b>		Date of Receipt 11 / 25 / 2014 <b>Transaction ID : 37691675</b>
Mailing Address 1346 Heller Dr		Amount of Each Receipt this Period 41.67
City Yardley	State PA	Zip Code 19067-2714
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	

Full Name (Last, First, Middle Initial) <b>c. Dr. Gregory A Caldwell</b>		Date of Receipt 11 / 25 / 2014 <b>Transaction ID : 37691676</b>
Mailing Address 225 Terrace Dr		Amount of Each Receipt this Period 166.67
City Lilly	State PA	Zip Code 15938-5819
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	228.34
<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 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Lance W Fagan**  
Full Name (Last, First, Middle Initial)

Mailing Address 6160 N 17th St

City Dalton Gardens State ID Zip Code 83815-9617

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 ▼ 491.00

Date of Receipt 11 / 25 / 2014  
**Transaction ID : 37691677**

Amount of Each Receipt this Period 31.00

**B. Dr. Frederick P Darin**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 Tirrell Rd

City Charlotte State MI Zip Code 48813-2131

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 ▼ 916.67

Date of Receipt 11 / 25 / 2014  
**Transaction ID : 37691679**

Amount of Each Receipt this Period 83.34

**C. Dr. Mario Joseph Contaldi**  
Full Name (Last, First, Middle Initial)

Mailing Address 7728 Mid Cities Blvd

City N Richlnd Hls State TX Zip Code 76180-4621

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.01

Date of Receipt 11 / 25 / 2014  
**Transaction ID : 37691804**

Amount of Each Receipt this Period 90.91

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.25

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 170
	<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"/>	<input type="checkbox"/> 17

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

**A. Dr. Douglas J Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 988

City State Zip Code  
Brookings OR 97415-0021

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 ▼  
275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2014  
**Transaction ID : 37693466**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 1408 E Maryland Ln

City State Zip Code  
Laurel MT 59044-2238

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 ▼  
1833.37

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2014  
**Transaction ID : 37693467**

Amount of Each Receipt this Period  
166.67

**C. 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 ▼  
1750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2014  
**Transaction ID : 37693468**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	441.67
<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 14 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. David S Cook**  
Full Name (Last, First, Middle Initial)

Mailing Address 6460 Devon Ln

City State Zip Code  
Cadillac MI 49601-9549

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 ▼  
**275.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 26 / 2014**

**Transaction ID : 37693469**

Amount of Each Receipt this Period  
**25.00**

**B. Dr. Rebecca H Wartman**  
Full Name (Last, First, Middle Initial)

Mailing Address 46 Lambeth Walk

City State Zip Code  
Fairview NC 28730-7721

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**2200.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 26 / 2014**

**Transaction ID : 37693483**

Amount of Each Receipt this Period  
**200.00**

**C. Dr. Kenneth Ray Moultrie**  
Full Name (Last, First, Middle Initial)

Mailing Address 1809 Gaslight Way NE

City State Zip Code  
Huntsville AL 35801-1555

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 26 / 2014**

**Transaction ID : 37700162**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>325.00</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 15 OF 170
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Dr. MaryJane Healey**

Mailing Address 6710 124th PI SE

City Snohomish State WA Zip Code 98296-8649

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2200.00**

Date of Receipt **11 / 27 / 2014**

**Transaction ID : 37701217**

Amount of Each Receipt this Period **200.00**

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

Mailing Address 309 Horizon Dr

City Encinitas State CA Zip Code 92024-4148

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **410.00**

Date of Receipt **11 / 27 / 2014**

**Transaction ID : 37701218**

Amount of Each Receipt this Period **10.00**

Full Name (Last, First, Middle Initial)  
**C. Dr. C. Thomas Crooks III**

Mailing Address 244 Narrows Dr

City Birmingham State AL Zip Code 35242-8651

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 ▼ **550.00**

Date of Receipt **11 / 27 / 2014**

**Transaction ID : 37701219**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **260.00**

**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 16 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. James Cope IV**  
Full Name (Last, First, Middle Initial)

Mailing Address 1607 S 2900 E

City Spanish Fork State UT Zip Code 84660-8903

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 ▼ 241.69

Date of Receipt 11 / 27 / 2014

Transaction ID : 37701220

Amount of Each Receipt this Period 30.00

**B. Dr. David S Hays**  
Full Name (Last, First, Middle Initial)

Mailing Address 8720 52nd Street Ct W

City University Place State WA Zip Code 98467-1758

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 ▼ 840.00

Date of Receipt 11 / 27 / 2014

Transaction ID : 37701221

Amount of Each Receipt this Period 84.00

**C. Dr. Stevin Robert Minie**  
Full Name (Last, First, Middle Initial)

Mailing Address 17601 San Fernando Mission Blvd

City Granada Hills State CA Zip Code 91344-4038

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 ▼ 405.00

Date of Receipt 11 / 27 / 2014

Transaction ID : 37701222

Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 159.00

**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 17 OF 170
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jeffrey W Jones</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2014
Mailing Address 107 Northcastle St		<b>Transaction ID : 37701225</b>
City Longview	State TX	Zip Code 75604-3544
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Edward Avery Peters III</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2014
Mailing Address 6750 S Loomis Rd		<b>Transaction ID : 37701228</b>
City Dewitt	State MI	Zip Code 48820-9753
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>c. Dr. D. Cory Rath</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2014
Mailing Address 10748 SPRUCEDALE AVE		<b>Transaction ID : 37701229</b>
City LAS VEGAS	State NV	Zip Code 89144-4401
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 170
<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. Jeffrey K Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 145 Unity Ln

City Crosssett State AR Zip Code 71635-9175

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 ▼ 2200.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : 37701231**

Amount of Each Receipt this Period  
200.00

**B. Dr. Mark A Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 527 E 1500 S

City Kaysville State UT Zip Code 84037-3032

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 ▼ 220.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : 37701232**

Amount of Each Receipt this Period  
20.00

**C. Dr. Geoffrey W Goodfellow**  
Full Name (Last, First, Middle Initial)

Mailing Address 260 Aspen Dr

City Beecher State IL Zip Code 60401-5123

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 ▼ 458.37

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : 37701233**

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 261.67

**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 19 OF 170
<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Paul A Hodge</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2014 <b>Transaction ID : 37701234</b>
Mailing Address 3042 118th Ave			Amount of Each Receipt this Period 50.00
City Allegan	State MI	Zip Code 49010-9555	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 950.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		950.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Edwin Y Endo</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2014 <b>Transaction ID : 37701235</b>
Mailing Address 98-828 Hiliu Pl			Amount of Each Receipt this Period 41.67
City Aiea	State HI	Zip Code 96701-2785	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 458.32
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		458.32	

Full Name (Last, First, Middle Initial) <b>C. Dr. Janice M McMahon</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 28 / 2014 <b>Transaction ID : 37701236</b>
Mailing Address 308 Vernon Ave			Amount of Each Receipt this Period 20.00
City Wheaton	State IL	Zip Code 60187-4643	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 220.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	111.67
<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: PAGE 20 OF 170  
(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**

**A. Dr. Zoey K Loomis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3750 Highway 144  
 City Weldona State CO Zip Code 80653-9107  
 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 ▼ **716.70**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701237**  
 Amount of Each Receipt this Period  
**83.34**

**B. Dr. Diana W Gilbert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8629 N Pavillion  
 City West Chester State OH Zip Code 45069-4885  
 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 ▼ **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701238**  
 Amount of Each Receipt this Period  
**20.00**

**C. Dr. Nancy S Barr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 435 Conservatory Pt  
 City Fayetteville State GA Zip Code 30215-8609  
 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 ▼ **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701239**  
 Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **123.34**  
**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 21 OF 170
	<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. 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) ▼

Aggregate Year-to-Date ▼ **1833.37**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 37701240**

Amount of Each Receipt this Period **166.67**

**B. Dr. Daniel L Gauerke**  
Full Name (Last, First, Middle Initial)

Mailing Address 815 W Fulton St Ste 3

City Waupaca State WI Zip Code 54981-1405

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 ▼ **220.00**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 37701241**

Amount of Each Receipt this Period **20.00**

**C. Dr. Shelby D Robinson**  
Full Name (Last, First, Middle Initial)

Mailing Address 3939 62nd Ave E

City Fife State WA Zip Code 98424-2377

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 ▼ **220.00**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 37701242**

Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **206.67**

**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 22 OF 170
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Richard Joseph Gelbuda</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2014
Mailing Address Rr 4		<b>Transaction ID : 37701244</b>
City Ottawa	State IL	Zip Code 61350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.50
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 412.50	

Full Name (Last, First, Middle Initial) <b>B. Dr. Shannon C Franklin</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2014
Mailing Address 427 Cranberry Ln		<b>Transaction ID : 37701245</b>
City Crozet	State VA	Zip Code 22932-3160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.06
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.16	

Full Name (Last, First, Middle Initial) <b>C. Dr. Mira B Swiecicki</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2014
Mailing Address 664 Clark Rd		<b>Transaction ID : 37701246</b>
City Bellingham	State WA	Zip Code 98225-7842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 167.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1837.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	241.56
<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 23 OF 170
<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. Paul Zerbinopoulos**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Carrie Ln

City N Kingstown State RI Zip Code 02852-4138

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 ▼ **334.62**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 37701247**

Amount of Each Receipt this Period **30.42**

**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 ▼ **962.00**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 37701248**

Amount of Each Receipt this Period **42.00**

**C. Dr. Lanny F Duclos JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 3795 Sun Valley Dr

City Grantsville State UT Zip Code 84029-8512

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 ▼ **550.00**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 37701250**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **122.42**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 170
	<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	<input type="checkbox"/> 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. 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 ▼ 1916.72

Date of Receipt 11 / 28 / 2014  
**Transaction ID : 37701251**  
Amount of Each Receipt this Period 83.34

**B. Dr. Craig C Hyre**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3075  
City Elkins State WV Zip Code 26241-6075  
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 ▼ 330.00

Date of Receipt 11 / 28 / 2014  
**Transaction ID : 37701252**  
Amount of Each Receipt this Period 30.00

**C. Dr. Ronald Lee Hopping**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1801 Creekside Dr  
City Friendswood State TX Zip Code 77546-7821  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Doctor of Optometry, MPH  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1833.37

Date of Receipt 11 / 28 / 2014  
**Transaction ID : 37701253**  
Amount of Each Receipt this Period 166.67

**SUBTOTAL** of Receipts This Page (optional).....▶ 280.01  
**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 170
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Desiree Tyer Hopping</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2014
Mailing Address 1801 Creekside Dr			<b>Transaction ID : 37701254</b>
City Friendswood	State TX	Zip Code 77546-7821	Amount of Each Receipt this Period 166.67
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1833.37	

Full Name (Last, First, Middle Initial) <b>B. Dr. David Frazee</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2014
Mailing Address 4962 Shoreline Dr			<b>Transaction ID : 37701256</b>
City Frisco	State TX	Zip Code 75034-4058	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2200.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Rodney D Fair</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2014
Mailing Address 1169 Coneflower Way			<b>Transaction ID : 37701257</b>
City Brighton	State CO	Zip Code 80601-6785	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 458.37	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	408.34
<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 26 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Michael Ernest Heil**  
Full Name (Last, First, Middle Initial)

Mailing Address 25904 210th Ave SE

City State Zip Code  
Maple Valley WA 98038-7530

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**720.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 28 / 2014**

**Transaction ID : 37701259**

Amount of Each Receipt this Period  
**20.00**

**B. Dr. Robert L Jarrell III**  
Full Name (Last, First, Middle Initial)

Mailing Address 50 Cedar Hill Rd Ne

City State Zip Code  
Albuquerque NM 87122-1928

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1833.37**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 28 / 2014**

**Transaction ID : 37701260**

Amount of Each Receipt this Period  
**166.67**

**C. Dr. Harue Jean Marsden**  
Full Name (Last, First, Middle Initial)

Mailing Address 1445 Prospect Ave Unit D

City State Zip Code  
Placentia CA 92870-3816

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1833.37**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**11 / 28 / 2014**

**Transaction ID : 37701261**

Amount of Each Receipt this Period  
**166.67**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>353.34</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 27 OF 170
	<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. 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 ▼  
**1836.34**

Date of Receipt  
**11 / 28 / 2014**

**Transaction ID : 37701262**

Amount of Each Receipt this Period  
**166.94**

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

Mailing Address 822 W Barrett St

City Seattle State WA Zip Code 98119-1829

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

Name of Employer Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1837.00**

Date of Receipt  
**11 / 28 / 2014**

**Transaction ID : 37701263**

Amount of Each Receipt this Period  
**167.00**

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

Mailing Address 8639 Olenbrook Dr

City Lewis Center State OH Zip Code 43035-8702

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 ▼  
**495.00**

Date of Receipt  
**11 / 28 / 2014**

**Transaction ID : 37701264**

Amount of Each Receipt this Period  
**45.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>378.94</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 28 OF 170
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. William Thomas Reynolds Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2014
Mailing Address 200 La Rose Ct		<b>Transaction ID : 37701265</b>
City Richmond	State KY	Zip Code 40475-7855
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 166.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37	

Full Name (Last, First, Middle Initial) <b>B. Dr. Jennifer Smith Zolman</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2014
Mailing Address 141 Sea Cotton Cir		<b>Transaction ID : 37701266</b>
City Charleston	State SC	Zip Code 29412-8296
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.67
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.37	

Full Name (Last, First, Middle Initial) <b>C. Dr. Jared P Walker</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2014
Mailing Address 609 Diamond Dr		<b>Transaction ID : 37701267</b>
City Kimberly	State ID	Zip Code 83341-1938
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	238.34
<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 29 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Melissa A Curl**  
Full Name (Last, First, Middle Initial)

Mailing Address 5225 Overland Trce

City	State	Zip Code
Birmingham	AL	35244-3958

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 ▼  
213.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : 37701268**

Amount of Each Receipt this Period  

30.50
-------

**B. Dr. Hilaire A Pressley**  
Full Name (Last, First, Middle Initial)

Mailing Address 4596 Treto Ave

City	State	Zip Code
Las Vegas	NV	89141-4283

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 ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : 37701269**

Amount of Each Receipt this Period  

50.00
-------

**C. 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 ▼  
990.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2014

**Transaction ID : 37701270**

Amount of Each Receipt this Period  

90.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.50
<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 170
<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. James H Moser Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 8250 Quail Hollow Dr

City Texarkana	State TX	Zip Code 75503-9652
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014

**Transaction ID : 37701271**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2701 Gaines Rd

City Corinth	State MS	Zip Code 38834-5929
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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 ▼  
2200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014

**Transaction ID : 37701272**

Amount of Each Receipt this Period  
200.00

**C. Dr. Maria Santullo Richman**  
Full Name (Last, First, Middle Initial)

Mailing Address 136 Main St

City Manasquan	State NJ	Zip Code 08736-3558
-------------------	-------------	------------------------

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 ▼  
458.37

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 28 / 2014

**Transaction ID : 37701273**

Amount of Each Receipt this Period  
41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	491.67
<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 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Harvey B Richman FAAO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 Main St  
 City Manasquan State NJ Zip Code 08736-3558  
 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 ▼ 458.37

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701274**  
 Amount of Each Receipt this Period  
 41.67

**B. Dr. Matthew A Kelleman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Ridge Ct  
 City E Brunswick State NJ Zip Code 08816-2932  
 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 ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701275**  
 Amount of Each Receipt this Period  
 100.00

**C. Dr. Jack Sol Mermelstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38-63 DAURIA DR  
 City FAIR LAWN State NJ Zip Code 07410-5104  
 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 ▼ 775.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701276**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.67
<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 32 OF 170
	<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. Robert Sholomon**  
Full Name (Last, First, Middle Initial)

Mailing Address 269 Walton St

City Englewood State NJ Zip Code 07631-5016

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 ▼ **775.00**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 37701277**

Amount of Each Receipt this Period **25.00**

**B. Dr. Lesley J Kraus**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 Emerson Dr

City Morganville State NJ Zip Code 07751-1509

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 ▼ **275.00**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 37701278**

Amount of Each Receipt this Period **25.00**

**C. Dr. Vincent W Brandys JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1728 Wildberry Dr Unit F

City Glenview State IL Zip Code 60025-1748

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 ▼ **385.00**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 37701279**

Amount of Each Receipt this Period **35.00**

**SUBTOTAL** of Receipts This Page (optional)..... **85.00**

**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 33 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. HarryJohn Panaretos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 213 Larch Ln  
 City Mahwah State NJ Zip Code 07430-2071  
 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 ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701280**  
 Amount of Each Receipt this Period  
 25.00

**B. Dr. Mary Ann Hodle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 193 Tenby Chase Dr Apt 312W  
 City Delran State NJ Zip Code 08075-2531  
 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 ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701281**  
 Amount of Each Receipt this Period  
 25.00

**C. Dr. Kyle Hrymack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4-14 Saddle River Rd., Ste. 202  
 City Fair Lawn State NJ Zip Code 07410-5624  
 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 ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701282**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 34 OF 170
	<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 E Chocky**  
Full Name (Last, First, Middle Initial)

Mailing Address 16-22 11th St

City Fair Lawn State NJ Zip Code 07410-1952

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 ▼ **275.00**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 37701283**

Amount of Each Receipt this Period **25.00**

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

Mailing Address 2151 Route 38 Apt 908

City Cherry Hill State NJ Zip Code 08002-4233

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 ▼ **275.00**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 37701284**

Amount of Each Receipt this Period **25.00**

**C. Dr. Jennifer A Wong**  
Full Name (Last, First, Middle Initial)

Mailing Address 976 E Glen Ave

City Ridgewood State NJ Zip Code 07450-2906

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 ▼ **475.00**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 37701285**

Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

**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 35 OF 170
	<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. James R Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 2724 Surrey Ln

City Idaho Falls State ID Zip Code 83404-7143

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 ▼ **495.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 28 / 2014

**Transaction ID : 37701286**

Amount of Each Receipt this Period  
**45.00**

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

Mailing Address 21 FAIRWAY VILLAGE LN

City ISLE OF PALMS State SC Zip Code 29451-2732

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 ▼ **458.37**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 28 / 2014

**Transaction ID : 37701287**

Amount of Each Receipt this Period  
**41.67**

**C. Dr. Jeremy M Durham**  
Full Name (Last, First, Middle Initial)

Mailing Address 1233 N Seasons Ct

City Goddard State KS Zip Code 67052-8534

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 ▼ **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 28 / 2014

**Transaction ID : 37701288**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **136.67**

**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 36 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Sarah C Gordon**  
Full Name (Last, First, Middle Initial)

Mailing Address 252 Inverness Center Dr

City Birmingham State AL Zip Code 35242-4834

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 ▼ **550.00**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 37701289**

Amount of Each Receipt this Period **50.00**

**B. Dr. Michele R Haranin**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 Concord Rd

City Dover State DE Zip Code 19904-9100

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 ▼ **535.04**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 37701290**

Amount of Each Receipt this Period **48.64**

**C. Dr. Alisha J Heaton**  
Full Name (Last, First, Middle Initial)

Mailing Address 8311 N Parkside Dr

City Hayden State ID Zip Code 83835-8253

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 ▼ **330.00**

Date of Receipt **11 / 28 / 2014**

**Transaction ID : 37701291**

Amount of Each Receipt this Period **30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **128.64**

**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 37 OF 170
	<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. Terry L Kirkland**  
Full Name (Last, First, Middle Initial)

Mailing Address 4414 Barbados

City State Zip Code  
Wichita Falls TX 76308-4036

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 ▼  
275.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : 37701292**

Amount of Each Receipt this Period  
25.00

**B. Dr. Gregory W Kraupa**  
Full Name (Last, First, Middle Initial)

Mailing Address 4280 Reiland Ln

City State Zip Code  
Shoreview MN 55126-3127

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 ▼  
462.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : 37701293**

Amount of Each Receipt this Period  
42.00

**C. Dr. Michael John Kruger**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 Northpark Blvd

City State Zip Code  
Huxley IA 50124-9340

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 ▼  
295.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : 37701294**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 97.00

**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 38 OF 170
	<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. Randy L Andregg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 740 W Watersford Drive  
 City Eagle State ID Zip Code 83616-7150  
 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 **458.37**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701296**  
 Amount of Each Receipt this Period  
**41.67**

**B. Dr. Andrea E Bethel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1541 Vista de Colinas Drive  
 City Rio Rancho State NM Zip Code 87124-3072  
 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 **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701297**  
 Amount of Each Receipt this Period  
**50.00**

**C. Dr. Mary Anne C Murphy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16683 Cathedral Way  
 City Broomfield State CO Zip Code 80023-4645  
 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 **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701298**  
 Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>116.67</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 39 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Scott L Nehring**  
Full Name (Last, First, Middle Initial)

Mailing Address 32840 S Meridian Rd

City Woodburn State OR Zip Code 97071-8768

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 ▼ 462.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : 37701299**

Amount of Each Receipt this Period  
42.00

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

Mailing Address 3115 Silverwood St

City Billings State MT Zip Code 59102-0655

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 ▼ 550.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : 37701300**

Amount of Each Receipt this Period  
50.00

**C. Dr. Gary P Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 1733 W Wildflower Ln

City Twin Falls State ID Zip Code 83301-3691

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 ▼ 330.00

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : 37701301**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 122.00

**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 40 OF 170  
(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**

**A. Dr. Michael G Wallace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3366 Ambleside Dr  
 City Flushing State MI Zip Code 48433-9784  
 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 ▼ 462.00

Date of Receipt 11 / 28 / 2014  
**Transaction ID : 37701302**  
 Amount of Each Receipt this Period 42.00

**B. Dr. Kevin Gee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9119 Highway 6 Ste 200  
 City Missouri City State TX Zip Code 77459-4876  
 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 ▼ 1833.37

Date of Receipt 11 / 28 / 2014  
**Transaction ID : 37701303**  
 Amount of Each Receipt this Period 166.67

**C. Dr. Ryan Powell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9596 N McGee St  
 City Kansas City State MO Zip Code 64155-8100  
 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 ▼ 314.00

Date of Receipt 11 / 28 / 2014  
**Transaction ID : 37701304**  
 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 233.67  
**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 41 OF 170
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Dirk Schrotenboer</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2014
Mailing Address 10729 Deer Ridge Ct			<b>Transaction ID : 37701305</b>
City Zeeland	State MI	Zip Code 49464-6830	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Audie M Teague JR</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2014
Mailing Address 105 Friar Tuck Ln			<b>Transaction ID : 37701307</b>
City Prescott	State AR	Zip Code 71857-2608	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1084.00	

Full Name (Last, First, Middle Initial) <b>c. Dr. Robert Craig Janot</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2014
Mailing Address 100 Orchard St			<b>Transaction ID : 37701308</b>
City Sulphur	State LA	Zip Code 70663-6268	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 458.37	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	241.67
<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 42 OF 170
	<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. Deborah S Bernay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1702 Rustic Oak Ln  
 City Seabrook State TX Zip Code 77586-4556  
 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 ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701309**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Kristofer K Thornton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 Page Creek Dr  
 City Hallsville State TX Zip Code 75650-3470  
 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 ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701310**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Barry J Jose**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2409 Wintersteen Rd  
 City Plattsmouth State NE Zip Code 68048-8958  
 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 ▼ 416.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701311**  
 Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 191.67  
**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 43 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. David M Redman**  
Full Name (Last, First, Middle Initial)

Mailing Address 795 Foxhill Cir

City Hollister State CA Zip Code 95023-9747

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 ▼ **458.37**

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : 37701312**

Amount of Each Receipt this Period  
**41.67**

**B. Dr. Marjorie J Knotts**  
Full Name (Last, First, Middle Initial)

Mailing Address 6120 Guilford Ave

City Indianapolis State IN Zip Code 46220-1940

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 ▼ **240.00**

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : 37701315**

Amount of Each Receipt this Period  
**30.00**

**C. Dr. Jason A Ricks**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Agate Dr

City Lewistown State MT Zip Code 59457-3202

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 ▼ **413.37**

Date of Receipt  
11 / 28 / 2014  
**Transaction ID : 37701316**

Amount of Each Receipt this Period  
**41.67**

**SUBTOTAL** of Receipts This Page (optional)..... **113.34**

**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 44 OF 170
<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. R. Andrew Boren**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6535 STARFIRE LN  
 City RENO State NV Zip Code 89523-1249  
 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 ▼ 264.99

Date of Receipt 11 / 28 / 2014  
**Transaction ID : 37701318**  
 Amount of Each Receipt this Period 88.33

**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 Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1925.00

Date of Receipt 11 / 28 / 2014  
**Transaction ID : 37701319**  
 Amount of Each Receipt this Period 175.00

**C. Dr. Chad E Klein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1060 S 15th Ave W  
 City Newton State IA Zip Code 50208-5375  
 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 ▼ 215.00

Date of Receipt 11 / 28 / 2014  
**Transaction ID : 37701320**  
 Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 288.33  
**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 170  
(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**

**A. Dr. Christopher L Eddy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6306 Buchanan St  
 City Fort Collins State CO Zip Code 80525-5810  
 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 ▼ 924.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701322**  
 Amount of Each Receipt this Period  
 84.00

**B. Dr. Bruce Manning**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 487 Whitebark Cir  
 City Wadsworth State OH Zip Code 44281-2299  
 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 ▼ 310.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701323**  
 Amount of Each Receipt this Period  
 31.00

**C. Dr. Diane E Reddin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 66  
 City Crawford State CO Zip Code 81415-0066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2014  
**Transaction ID : 37701324**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 215.00  
**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

(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Dr. Paul C Ajamian</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2014 <b>Transaction ID : 37710158</b>		
Mailing Address 245 Shadowbrook Dr			Amount of Each Receipt this Period 250.00		
City Roswell	State GA	Zip Code 30075-4600			
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed		Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>B. Dr. David L Parker</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2014 <b>Transaction ID : 37710159</b>		
Mailing Address 4889 Bobo Pl			Amount of Each Receipt this Period 41.67		
City Olive Branch	State MS	Zip Code 38654-8223			
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed		Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.70			

Full Name (Last, First, Middle Initial) <b>C. Dr. Brian D Cin</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2014 <b>Transaction ID : 37710160</b>		
Mailing Address 17346 Alice Loop			Amount of Each Receipt this Period 50.00		
City Eagle River	State AK	Zip Code 99577-7579			
FEC ID number of contributing federal political committee. C					
Name of Employer Self Employed		Occupation Doctor of Optometry			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

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

341.67

**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 47 OF 170
	<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. Roger Joseph Trudell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2565 Tamarack Ave  
 City Boulder State CO Zip Code 80304-0990  
 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 ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 01 / 2014  
**Transaction ID : 37712558**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr Rahim A Kanji**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 932 Lambourne Ln  
 City Virginia Beach State VA Zip Code 23462-7765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 37712998**  
 Amount of Each Receipt this Period  
 300.00

**C. Dr. Raphael Perez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 524 Fernwood Rd  
 City Key Biscayne State FL Zip Code 33149-1842  
 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 M / D D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 37713001**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<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 48 OF 170
	<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 Robert Botts**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box BB

City State Zip Code  
Big Stone Gap VA 24219-0660

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  
11 / 26 / 2014  
**Transaction ID : 37713003**

Amount of Each Receipt this Period  
500.00

**B. DR Michael J Cohn**  
Full Name (Last, First, Middle Initial)

Mailing Address 47 Wayside Rd

City State Zip Code  
Westborough MA 01581-3622

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  
11 / 26 / 2014  
**Transaction ID : 37713005**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 170 MANN SCHOOL RD

City State Zip Code  
SMITHFIELD RI 02917-1413

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 26 / 2014  
**Transaction ID : 37713008**

Amount of Each Receipt this Period  
200.00

<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 49 OF 170
	<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. Dean E Riskedahl**  
Full Name (Last, First, Middle Initial)

Mailing Address 2092 32nd Ave NE

City Issaquah State WA Zip Code 98029-7349

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 ▼ 235.00

Date of Receipt  
12 / 02 / 2014  
Transaction ID : 37714022

Amount of Each Receipt this Period  
30.00

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

Mailing Address 3311 Throckmorton St. Apt A4

City Dallas State TX Zip Code 75219-3663

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2750.00

Date of Receipt  
12 / 02 / 2014  
Transaction ID : 37714024

Amount of Each Receipt this Period  
250.00

**C. Dr. Paul Philippe Cote**  
Full Name (Last, First, Middle Initial)

Mailing Address 18 Little Androscoggin Dr

City Auburn State ME Zip Code 04210-8884

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 ▼ 500.04

Date of Receipt  
12 / 02 / 2014  
Transaction ID : 37714025

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional).....▶ 321.67

**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 50 OF 170
	<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. Paul Bryan Stauder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Victory Ln  
 City State Zip Code  
 Fairfield IL 62837-1363  
 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 ▼  
 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2014  
**Transaction ID : 37714026**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Barbara A Dune**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 290 Oak St  
 City State Zip Code  
 East Hartford CT 06118-2059  
 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 / D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 37714030**  
 Amount of Each Receipt this Period  
 300.00

**C. DR Bernard H Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1204 Old County Rd  
 City State Zip Code  
 Daphne AL 36526-4448  
 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 / D D / Y Y Y Y Y Y  
 11 / 26 / 2014  
**Transaction ID : 37714031**  
 Amount of Each Receipt this Period  
 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	630.00
<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 51 OF 170
	<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	<input type="checkbox"/> 17

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

**A. DR James B Stewart**  
Full Name (Last, First, Middle Initial)

Mailing Address 5108 W Deerbrook Dr

City Muncie State IN Zip Code 47304-3473

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  
11 / 26 / 2014  
**Transaction ID : 37714032**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1113 North 2275 West

City Layton State UT Zip Code 84041-8500

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  
11 / 26 / 2014  
**Transaction ID : 37714034**

Amount of Each Receipt this Period  
150.00

**C. Dr Thomas J Marino**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 Point Ct

City Lawrenceville State NJ Zip Code 08648-2864

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  
11 / 28 / 2014  
**Transaction ID : 37714040**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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 52 OF 170
	<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. Brett K Radow**  
Full Name (Last, First, Middle Initial)

Mailing Address 6621 Kanawha Ave SE

City	State	Zip Code
Charleston	WV	25304-2915

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
11	/	28	/	2014

**Transaction ID : 37714041**

Amount of Each Receipt this Period  
500.00

**B. Dr. Cynthia A Kiernan**  
Full Name (Last, First, Middle Initial)

Mailing Address 7732 Royal Oaks Rd

City	State	Zip Code
Las Vegas	NV	89123-2017

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2014

**Transaction ID : 37714050**

Amount of Each Receipt this Period  
300.00

**C. Dr. Neill S Cowles**  
Full Name (Last, First, Middle Initial)

Mailing Address 276 Old Harbor Rd

City	State	Zip Code
Chatham	MA	02633-2325

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	01	/	2014

**Transaction ID : 37714051**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 53 OF 170
	(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. J. Rick Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 2721 Charleston Ct

City Claremont	State NC	Zip Code 28610-8658
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
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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
12	/	01	/	2014

**Transaction ID : 37714053**

Amount of Each Receipt this Period  

150.00
--------

**B. Dr. John Cunningham Townsend**  
Full Name (Last, First, Middle Initial)

Mailing Address 3868 Woodville Ln

City Ellicott City	State MD	Zip Code 21042-4836
-----------------------	-------------	------------------------

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 ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2014

**Transaction ID : 37714055**

Amount of Each Receipt this Period  

150.00
--------

**C. Dr. Angela K Jackson**  
Full Name (Last, First, Middle Initial)

Mailing Address 27530 Swartzwalder Rd

City Millbury	State OH	Zip Code 43447-9426
------------------	-------------	------------------------

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 M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2014

**Transaction ID : 37714058**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</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: PAGE 54 OF 170  
(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**

**A. DR Harriet Carolyn Pelton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6250 Ramwyck Ct  
 City W Bloomfield State MI Zip Code 48322-2250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 01 / 2014  
**Transaction ID : 37714111**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Elliott M Rosengarten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7135 Shefford Ln  
 City Louisville State KY Zip Code 40242-2854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 02 / 2014  
**Transaction ID : 37714202**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. George W Veliky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 137 Oak Grove Ave  
 City Hasbrouck Hts State NJ Zip Code 07604-1225  
 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 ▼ 495.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2014  
**Transaction ID : 37716662**  
 Amount of Each Receipt this Period  
 45.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 795.00  
**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 55 OF 170
	<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	

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. Gregory Willard Hicks**  
Full Name (Last, First, Middle Initial)

Mailing Address 419 E Bogart Rd

City Sandusky State OH Zip Code 44870-6404

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 ▼ 1000.02

Date of Receipt 12 / 03 / 2014  
**Transaction ID : 37716663**

Amount of Each Receipt this Period 166.67

**B. Dr. Trevor 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 ▼ 1670.00

Date of Receipt 12 / 03 / 2014  
**Transaction ID : 37716664**

Amount of Each Receipt this Period 167.00

**C. 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 ▼ 1250.04

Date of Receipt 12 / 03 / 2014  
**Transaction ID : 37716665**

Amount of Each Receipt this Period 166.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.34

**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 56 OF 170
	<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. Lillian T Kalaczinski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7421 Treeline Dr SE  
 City Grand Rapids State MI Zip Code 49546-7465  
 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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2014  
**Transaction ID : 37716667**  
 Amount of Each Receipt this Period  
 25.00

**B. Dr. Robert W Brenart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Amanda Ln  
 City Yorkville State IL Zip Code 60560-4502  
 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 ▼ 358.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2014  
**Transaction ID : 37716668**  
 Amount of Each Receipt this Period  
 55.56

**c. Dr. Gerald G Gerdes JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 E 7th Ave  
 City Oakdale State LA Zip Code 71463-2624  
 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2014  
**Transaction ID : 37716669**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.56
<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 57 OF 170  
(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**

**A. Dr. Paul Hearn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16141 Weatherly Way  
 City State Zip Code  
 Huntersville NC 28078-8953  
 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  
 12 / 03 / 2014  
**Transaction ID : 37716670**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. Glenn Goldring**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 209 S Grove Park Rd  
 City State Zip Code  
 Memphis TN 38117-3505  
 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  
 12 / 03 / 2014  
**Transaction ID : 37716671**  
 Amount of Each Receipt this Period  
 125.00

**C. Dr. Heath Gilbert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5277 SPLIT RAIL  
 City State Zip Code  
 DAYTON OH 45429-1962  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2014  
**Transaction ID : 37718079**  
 Amount of Each Receipt this Period  
 91.25

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 266.25  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 170
<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. Noah Eger**  
Full Name (Last, First, Middle Initial)

Mailing Address 2106 Johns Ridge Rd

City Moon Twp State PA Zip Code 15108-3536

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 12 / 03 / 2014  
**Transaction ID : 37736103**

Amount of Each Receipt this Period 150.00

**B. Dr. Holly Crago Conway**  
Full Name (Last, First, Middle Initial)

Mailing Address 4905 Township Road 339

City Millersburg State OH Zip Code 44654-9643

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 12 / 03 / 2014  
**Transaction ID : 37736107**

Amount of Each Receipt this Period 100.00

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

Mailing Address 14 Concord Ct

City Tinton Falls State NJ Zip Code 07753-7826

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 ▼ 240.00

Date of Receipt 12 / 05 / 2014  
**Transaction ID : 37742420**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 270.00

**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 59 OF 170
	<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. Vincent J Mc Glone**  
Full Name (Last, First, Middle Initial)

Mailing Address 37 Butternut Ln

City Basking Ridge State NJ Zip Code 07920-3303

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 ▼ 1200.00

Date of Receipt 12 / 05 / 2014  
**Transaction ID : 37742421**

Amount of Each Receipt this Period 100.00

**B. Dr. John F Insinga**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 Clover Ln

City Randolph State NJ Zip Code 07869-4529

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 ▼ 540.00

Date of Receipt 12 / 05 / 2014  
**Transaction ID : 37742422**

Amount of Each Receipt this Period 45.00

**C. Dr. Donald W Furman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2101 310th Street

City Forest City State IA Zip Code 50436-8029

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 ▼ 833.30

Date of Receipt 12 / 05 / 2014  
**Transaction ID : 37742423**

Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 228.33

**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 60 OF 170
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Moses D'Janbatian</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 37742425</b>
Mailing Address 330 N Brand Blvd Ste 110		Amount of Each Receipt this Period 500.00
City Glendale	State CA	Zip Code 91203-2308
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Paul Martin Dobies</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 37742426</b>
Mailing Address 1448 Evergreen Ave		Amount of Each Receipt this Period 30.00
City Fullerton	State CA	Zip Code 92835-2027
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Jon Frederick Pederson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : 37742743</b>
Mailing Address 1025 Milwaukee St		Amount of Each Receipt this Period 85.00
City Denver	State CO	Zip Code 80206-3337
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	615.00
<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 61 OF 170  
(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**

**A. Dr Mark W Gifford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12612 Diamond Dr  
 City Pineville State NC Zip Code 28134-8114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 02 / 2014  
**Transaction ID : 37742840**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr William J Milford IV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2804 Rambling Path  
 City Anderson State SC Zip Code 29621-3727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 02 / 2014  
**Transaction ID : 37742841**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Gary Lee Dieterick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 212 Applewood Dr  
 City Easton State PA Zip Code 18045-5806  
 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 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 03 / 2014  
**Transaction ID : 37742865**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00  
**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 62 OF 170
	(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. David Edward Magnus**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 2144

City Corrales State NM Zip Code 87048-2144

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 ▼ **450.00**

Date of Receipt **12 / 06 / 2014**

**Transaction ID : 37743911**

Amount of Each Receipt this Period **50.00**

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

Mailing Address 183 Franklin Ave

City Worthington State OH Zip Code 43085-3186

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 ▼ **600.00**

Date of Receipt **12 / 06 / 2014**

**Transaction ID : 37743914**

Amount of Each Receipt this Period **50.00**

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

Mailing Address 5674 Keith Ln

City Emmaus State PA Zip Code 18049-5046

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 ▼ **420.00**

Date of Receipt **12 / 06 / 2014**

**Transaction ID : 37743915**

Amount of Each Receipt this Period **35.00**

**SUBTOTAL** of Receipts This Page (optional)..... **135.00**

**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 63 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Kathleen E Powell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9710 Copper Dr  
 City Anchorage State AK Zip Code 99507-1226  
 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 ▼ 1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2014  
**Transaction ID : 37743917**  
 Amount of Each Receipt this Period  
 85.00

**B. Dr. Mark Hennen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1613 ATWATER PATH  
 City INVER GROVE State MN Zip Code 55077-1201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2014  
**Transaction ID : 37743919**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Pamela E Theriot**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 579 W Calle La Bolita  
 City Sahuarita State AZ Zip Code 85629-8693  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2014  
**Transaction ID : 37743928**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<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 64 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Sabre A Wright**  
Full Name (Last, First, Middle Initial)

Mailing Address 1219 W Holt Ave

City Harrison State AR Zip Code 72601-3273

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 12 / 07 / 2014  
**Transaction ID : 37743930**

Amount of Each Receipt this Period 25.00

**B. Dr. Angela N Musick**  
Full Name (Last, First, Middle Initial)

Mailing Address 472 Edgemont Cir

City Vinton State VA Zip Code 24179-1582

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 ▼ 262.00

Date of Receipt 12 / 08 / 2014  
**Transaction ID : 37743939**

Amount of Each Receipt this Period 17.00

**C. Dr. Chad A Carlsson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1415 S Sandstone St

City Gilbert State AZ Zip Code 85296-4370

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 ▼ 280.42

Date of Receipt 12 / 05 / 2014  
**Transaction ID : 37747803**

Amount of Each Receipt this Period 30.42

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.42

**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 65 OF 170
	<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. Carey Patrick**  
Full Name (Last, First, Middle Initial)

Mailing Address 970 Patrician Ct

City Fairview State TX Zip Code 75069-8781

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 ▼ **1100.00**

Date of Receipt **12 / 05 / 2014**

**Transaction ID : 37747804**

Amount of Each Receipt this Period **100.00**

**B. Dr. Angela K Darveaux**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 Lynne Trl

City Oregon State WI Zip Code 53575-3424

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 **12 / 05 / 2014**

**Transaction ID : 37747805**

Amount of Each Receipt this Period **500.00**

**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) ▼

Aggregate Year-to-Date ▼ **2000.02**

Date of Receipt **12 / 10 / 2014**

**Transaction ID : 37748123**

Amount of Each Receipt this Period **181.82**

**SUBTOTAL** of Receipts This Page (optional)..... **781.82**

**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 66 OF 170  
(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**

**A. Dr. Dana Gjurich**  
 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 Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2014  
**Transaction ID : 37748124**  
 Amount of Each Receipt this Period  
 300.00

**B. Dr. Joselyn Licelo Estevez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Paterson Plank Rd Apt 208  
 City Union City State NJ Zip Code 07087-2869  
 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 ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2014  
**Transaction ID : 37748125**  
 Amount of Each Receipt this Period  
 42.00

**C. Dr. Patrick A Lenane**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2721 N 13th St  
 City Fort Dodge State IA Zip Code 50501-7210  
 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 ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2014  
**Transaction ID : 37748126**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 122.00  
**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 67 OF 170
	<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 Stephen Peter Akre**  
Full Name (Last, First, Middle Initial)

Mailing Address 1715 Oakwood Ave

City New Ulm State MN Zip Code 56073-2051

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 12 / 05 / 2014  
**Transaction ID : 37748137**

Amount of Each Receipt this Period 500.00

**B. Dr. Bert M Peterson JR**  
Full Name (Last, First, Middle Initial)

Mailing Address Box 823

City Bedford State VA Zip Code 24523-0823

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 12 / 05 / 2014  
**Transaction ID : 37748138**

Amount of Each Receipt this Period 365.00

**C. Dr. Trennda L Rittenbach**  
Full Name (Last, First, Middle Initial)

Mailing Address 218 Olson Way

City Sunnyvale State CA Zip Code 94086-6581

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 12 / 05 / 2014  
**Transaction ID : 37748139**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1115.00

**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 68 OF 170
	<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. Derrald G Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19125 Midland Ave  
 City Mokena State IL Zip Code 60448-1012  
 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 M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : 37748141**  
 Amount of Each Receipt this Period  
 150.00

**B. DR Jonathan D Bowman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15024 Banff Ct  
 City Baton Rouge State LA Zip Code 70819-3352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 08 / 2014  
**Transaction ID : 37748151**  
 Amount of Each Receipt this Period  
 300.00

**c. Dr Catherine Ferentini**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 BIRCH HILL DR  
 City WEST HARTFORD State CT Zip Code 06107-3101  
 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 M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2014  
**Transaction ID : 37748375**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<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 69 OF 170
	<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. William L Whitesell**  
Full Name (Last, First, Middle Initial)

Mailing Address 22146 Dunn Dr

City Spring Hill State KS Zip Code 66083-3037

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  
12 / 09 / 2014  
**Transaction ID : 37748384**

Amount of Each Receipt this Period  
365.00

**B. Dr. Ray H Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 801 NE 42nd Ter

City Ocala State FL Zip Code 34470-1047

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 ▼ 350.00

Date of Receipt  
12 / 09 / 2014  
**Transaction ID : 37748385**

Amount of Each Receipt this Period  
200.00

**C. DR Jacque Diane Young**  
Full Name (Last, First, Middle Initial)

Mailing Address 22723 Glenview Ave

City Glenwood State IA Zip Code 51534-6250

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  
12 / 09 / 2014  
**Transaction ID : 37748386**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1065.00
<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 70 OF 170
	<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. Millicent L Knight**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1704 Harrington Park Dr  
 City Jacksonville State FL Zip Code 32225-2685  
 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 12 / 09 / 2014  
**Transaction ID : 37748388**  
 Amount of Each Receipt this Period 1000.00

**B. Dr Arthur D Jung**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 185 Park Row Apt 5A  
 City New York State NY Zip Code 10038-5001  
 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 12 / 09 / 2014  
**Transaction ID : 37748389**  
 Amount of Each Receipt this Period 500.00

**C. Dr David B Seibel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10155 Mooney Ln  
 City Saint Louis State MO Zip Code 63128-4128  
 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 12 / 10 / 2014  
**Transaction ID : 37748642**  
 Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<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 71 OF 170
	(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. Marie E Wehner**  
Full Name (Last, First, Middle Initial)

Mailing Address 211 Village Creek Ct

City Ballwin State MO Zip Code 63021-4766

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  
12 / 10 / 2014  
**Transaction ID : 37748644**

Amount of Each Receipt this Period  
250.00

**B. Dr Craig M Brawley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3073 Woodbridge Creek Dr

City Saint Louis State MO Zip Code 63129-6416

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  
12 / 10 / 2014  
**Transaction ID : 37748646**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 546 Hollywood Pl

City Webster Grvs State MO Zip Code 63119-3519

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  
12 / 10 / 2014  
**Transaction ID : 37748648**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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 72 OF 170
	<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. Robert M Theaker**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Wyndemere Vale

City Monterey State CA Zip Code 93940-5811

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  
12 / 11 / 2014  
**Transaction ID : 37748649**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 411 S Victory St Suite 206

City Little Rock State AR Zip Code 72201-2941

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

Name of Employer Occupation  
Arkansas Optometric Assn Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
12 / 11 / 2014  
**Transaction ID : 37748650**

Amount of Each Receipt this Period  
30.00

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

Mailing Address PO Box 7256

City Rcho Santa Fe State CA Zip Code 92067-7256

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  
12 / 10 / 2014  
**Transaction ID : 37748693**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1030.00

**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 73 OF 170  
(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**

**A. Dr Kenneth E Knox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Trotters Ridge Ln  
 City Simpsonville State SC Zip Code 29681-5359  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2014  
**Transaction ID : 37748694**  
 Amount of Each Receipt this Period  
 365.00

**B. Dr. Zachary S McCarty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6063 Heritage Ridge Dr  
 City Hixson State TN Zip Code 37343-3343  
 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  
 12 / 10 / 2014  
**Transaction ID : 37748695**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Ken N Factor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6020 E Hearn Rd  
 City Scottsdale State AZ Zip Code 85254-3129  
 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  
 12 / 10 / 2014  
**Transaction ID : 37748707**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 715.00  
**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 74 OF 170
	<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. Robert G Le Sage**  
Full Name (Last, First, Middle Initial)

Mailing Address 1380 Burgundy Dr

City Fort Myers State FL Zip Code 33919-2706

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 12 / 10 / 2014  
**Transaction ID : 37748916**

Amount of Each Receipt this Period 250.00

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

Mailing Address 85 Main St

City Ridgefield State CT Zip Code 06877-4929

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 ▼ 398.00

Date of Receipt 12 / 10 / 2014  
**Transaction ID : 37748917**

Amount of Each Receipt this Period 199.00

**C. Dr. William Drost Altig**  
Full Name (Last, First, Middle Initial)

Mailing Address 520 County Road 4856

City Newark State TX Zip Code 76071-3404

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 12 / 10 / 2014  
**Transaction ID : 37748924**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 949.00

**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 75 OF 170
	<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. Robert A Nicacio**  
Full Name (Last, First, Middle Initial)

Mailing Address 1805 NE Blair Rd

City Camas State WA Zip Code 98607-9191

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **12 / 10 / 2014**

**Transaction ID : 37748929**

Amount of Each Receipt this Period **182.50**

**B. Dr. Christopher W Wroten**  
Full Name (Last, First, Middle Initial)

Mailing Address 25833 Royal Birkdale Dr

City Denham Spgs State LA Zip Code 70726-6479

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 ▼ **765.00**

Date of Receipt **12 / 12 / 2014**

**Transaction ID : 37752354**

Amount of Each Receipt this Period **85.00**

**c. DR Mark Joseph Roy III**  
Full Name (Last, First, Middle Initial)

Mailing Address 2198 Highway 20

City Vacherie State LA Zip Code 70090-5473

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 **12 / 11 / 2014**

**Transaction ID : 37752405**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **767.50**

**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 76 OF 170
	(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. Mark David Hansen**  
Full Name (Last, First, Middle Initial)

Mailing Address 1887 N Isett Ave

City Muscatine State IA Zip Code 52761-9747

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  
12 / 13 / 2014  
**Transaction ID : 37752480**

Amount of Each Receipt this Period  
125.00

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

Mailing Address 689 Mansfield City Rd

City Storrs Mansfield State CT Zip Code 06268-2728

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
12 / 13 / 2014  
**Transaction ID : 37752481**

Amount of Each Receipt this Period  
250.00

**C. Dr. Roger A Duke**  
Full Name (Last, First, Middle Initial)

Mailing Address 12511 Deer Falls Dr

City Austin State TX Zip Code 78729-7225

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 ▼ 600.00

Date of Receipt  
12 / 13 / 2014  
**Transaction ID : 37752482**

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 435.00

**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 77 OF 170  
(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**

**A. Dr. Douglas Arthur Safley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 1St Ave  
 City State Zip Code  
 Havre MT 59501-4402  
 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 ▼  
 830.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2014  
**Transaction ID : 37752488**  
 Amount of Each Receipt this Period  
 30.00

**B. Dr. Johndra McNeely**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 210 CROSSBRIDGE TRL  
 City State Zip Code  
 PIEDMONT SC 29673-7342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2014  
**Transaction ID : 37752489**  
 Amount of Each Receipt this Period  
 91.25

**C. Dr. Karl Citek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 432  
 City State Zip Code  
 Forest Grove OR 97116-0432  
 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 ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2014  
**Transaction ID : 37752490**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 161.25  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 170
	<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. Mamie Cassandra Chan**  
Full Name (Last, First, Middle Initial)

Mailing Address 13713 Vic Rd NE

City Albuquerque State NM Zip Code 87112-6602

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 ▼ 450.00

Date of Receipt 12 / 14 / 2014  
**Transaction ID : 37752491**

Amount of Each Receipt this Period 50.00

**B. Dr. Michelle Wika Chaney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3614 Coneflower Dr

City Fort Collins State CO Zip Code 80521-7542

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 ▼ 450.00

Date of Receipt 12 / 14 / 2014  
**Transaction ID : 37752492**

Amount of Each Receipt this Period 45.00

**C. Dr. Tracie M King**  
Full Name (Last, First, Middle Initial)

Mailing Address 1323 S Hanover St

City Baltimore State MD Zip Code 21230-4220

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 12 / 14 / 2014  
**Transaction ID : 37752493**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 345.00

**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 79 OF 170
	<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. Pamela A Lowe**  
Full Name (Last, First, Middle Initial)

Mailing Address 6835 N Concord Ln

City Nilis State IL Zip Code 60714-4431

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 ▼ 450.00

Date of Receipt 12 / 14 / 2014  
**Transaction ID : 37752494**

Amount of Each Receipt this Period 50.00

**B. Dr. Seth A Huber**  
Full Name (Last, First, Middle Initial)

Mailing Address 6748 Green River Dr Unit G

City Highlands Ranch State CO Zip Code 80130-3023

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 ▼ 210.00

Date of Receipt 12 / 14 / 2014  
**Transaction ID : 37752495**

Amount of Each Receipt this Period 35.00

**C. Dr. Marsha J Beach**  
Full Name (Last, First, Middle Initial)

Mailing Address 652 Cloverglenn Dr

City Grand Jct State CO Zip Code 81504-5114

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 ▼ 600.00

Date of Receipt 12 / 15 / 2014  
**Transaction ID : 37752499**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 135.00

**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 80 OF 170
	<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 Self Employed	Occupation Doctor of Optometry
-----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	15	/	2014

**Transaction ID : 37752500**

Amount of Each Receipt this Period  
200.00

**B. DR Julie Kay Kueker**  
Full Name (Last, First, Middle Initial)

Mailing Address 11901 Westwood Ln

City Highland	State IL	Zip Code 62249-3863
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

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

**Transaction ID : 37753271**

Amount of Each Receipt this Period  
365.00

**c. Dr. Douglas Ray Owens**  
Full Name (Last, First, Middle Initial)

Mailing Address 259 Bent Tree Dr

City Rutherfordton	State NC	Zip Code 28139-6628
-----------------------	-------------	------------------------

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 ▼  
350.00

Date of Receipt  

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

**Transaction ID : 37753272**

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	765.00
<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 81 OF 170
	<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 M Whittam**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6020 Palmetto St  
 City State Zip Code  
 Ridgewood NY 11385-3241  
 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  
 12 / 12 / 2014  
**Transaction ID : 37753275**  
 Amount of Each Receipt this Period  
 150.00

**B. Dr. Melissa A Bello**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Vista Dr  
 City State Zip Code  
 Belton TX 76513-6362  
 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  
 12 / 12 / 2014  
**Transaction ID : 37753277**  
 Amount of Each Receipt this Period  
 150.00

**C. Dr. Daniel Richard Eckermann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5436 Linda Ln  
 City State Zip Code  
 Roanoke VA 24018-3823  
 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  
 12 / 12 / 2014  
**Transaction ID : 37753280**  
 Amount of Each Receipt this Period  
 150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 82 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Ms. Beth Coleman**  
Full Name (Last, First, Middle Initial)

Mailing Address 10317 49th St NE

City State Zip Code  
Albertville MN 55301-3525

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

Name of Employer Occupation  
Minnesota Optometric Association Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 37753552**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 4392 Grove Field Court

City State Zip Code  
Suwanee GA 30024-6758

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 ▼  
1000.02

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 37753553**

Amount of Each Receipt this Period  
142.86

**C. Dr. N. Gregory Richardson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1440 Eastridge Dr

City State Zip Code  
Pocatello ID 83201-3103

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 ▼  
360.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 16 / 2014

**Transaction ID : 37753554**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	197.86
<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 83 OF 170
	<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. Kristi K Poe**  
Full Name (Last, First, Middle Initial)

Mailing Address 113 Beacon Hill Dr

City Longview State WA Zip Code 98632-5805

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 ▼ **240.00**

Date of Receipt **12 / 16 / 2014**

**Transaction ID : 37753555**

Amount of Each Receipt this Period **200.00**

**B. Dr. Jeffrey A Fries**  
Full Name (Last, First, Middle Initial)

Mailing Address 321 Monterey Way

City Vancouver State WA Zip Code 98661-6049

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 ▼ **550.00**

Date of Receipt **12 / 16 / 2014**

**Transaction ID : 37753557**

Amount of Each Receipt this Period **50.00**

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

Mailing Address 622 SE 13th St

City Ft Lauderdale State FL Zip Code 33316-2023

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 ▼ **243.36**

Date of Receipt **12 / 16 / 2014**

**Transaction ID : 37753558**

Amount of Each Receipt this Period **30.42**

**SUBTOTAL** of Receipts This Page (optional)..... **100.42**

**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 84 OF 170
	<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 ▼  
1500.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	16	/	2014

**Transaction ID : 37753559**

Amount of Each Receipt this Period  
166.67

**B. DR Mark P Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 1465 S Irish Rd

City Davison	State MI	Zip Code 48423-8313
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2014

**Transaction ID : 37753576**

Amount of Each Receipt this Period  
365.00

**C. Dr. Troy D Myers**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Road 261

City Glendive	State MT	Zip Code 59330-9528
------------------	-------------	------------------------

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2014

**Transaction ID : 37753577**

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	831.67
<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 85 OF 170
	<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. Dennis Mathews**  
Full Name (Last, First, Middle Initial)

Mailing Address 1320 Carr Ave

City Memphis State TN Zip Code 38104-4500

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 15 / 2014  
**Transaction ID : 37753578**

Amount of Each Receipt this Period 150.00

**B. Dr. David W Wineland**  
Full Name (Last, First, Middle Initial)

Mailing Address 8400 Concord Rd

City Johnstown State OH Zip Code 43031-8154

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1527.00

Date of Receipt 12 / 15 / 2014  
**Transaction ID : 37753579**

Amount of Each Receipt this Period 127.25

**C. Dr. Jennifer E Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 Pambrook Dr

City Fishersville State VA Zip Code 22939-2123

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 ▼ 500.04

Date of Receipt 12 / 17 / 2014  
**Transaction ID : 37757870**

Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 318.92

**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 86 OF 170  
(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. Lee Ann Barrett**

Mailing Address 1199 E Morgan St

City Boonville State MO Zip Code 65233-1336

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 ▼ **600.00**

Date of Receipt **12 / 17 / 2014**

**Transaction ID : 37757871**

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)  
**B. Dr. John T Bender JR**

Mailing Address 261 Highway 167

City Daleville State AL Zip Code 36322-6564

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 ▼ **600.00**

Date of Receipt **12 / 17 / 2014**

**Transaction ID : 37757872**

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)  
**C. Dr. Freddie M Mayes**

Mailing Address 117 Magnolia Dr

City Central City State KY Zip Code 42330-1727

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 ▼ **600.00**

Date of Receipt **12 / 17 / 2014**

**Transaction ID : 37757874**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

**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 87 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Brian J Plattner**  
Full Name (Last, First, Middle Initial)

Mailing Address 917 S Market St

City Knoxville State IL Zip Code 61448-1299

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 ▼  
850.00

Date of Receipt  
12 / 17 / 2014  
**Transaction ID : 37757887**

Amount of Each Receipt this Period  
850.00

**B. Dr. Ian M Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Deer Hill Ln

City Hampden State ME Zip Code 04444-3400

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  
12 / 17 / 2014  
**Transaction ID : 37757900**

Amount of Each Receipt this Period  
100.00

**C. Dr. William R Burges**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 Paris St

City Castroville State TX Zip Code 78009-4511

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  
12 / 17 / 2014  
**Transaction ID : 37758133**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 335.00

**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 88 OF 170
	<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. Frank McAllister Akers II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1019 N 93rd Pl  
 City Mesa State AZ Zip Code 85207-5266  
 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 **1231.00**

Date of Receipt **12 / 18 / 2014**  
**Transaction ID : 37759953**  
 Amount of Each Receipt this Period **85.00**

**B. Dr. Thomas A Lucas JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2023 Sandy Point Rd  
 City Harker Hts State TX Zip Code 76548-8680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2200.00**

Date of Receipt **12 / 18 / 2014**  
**Transaction ID : 37759954**  
 Amount of Each Receipt this Period **200.00**

**C. Dr. Robert E Prouty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8886 N Awl Rd  
 City Parker State CO Zip Code 80138-6840  
 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 **900.00**

Date of Receipt **12 / 18 / 2014**  
**Transaction ID : 37759955**  
 Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>385.00</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 89 OF 170
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Joe E Ellis</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2014 <b>Transaction ID : 37759956</b>
Mailing Address 179 Wood Trce		Amount of Each Receipt this Period 166.67
City Benton	State KY	Zip Code 42025-9400
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1833.37	

Full Name (Last, First, Middle Initial) <b>B. Dr. Miki Kitahata</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2014 <b>Transaction ID : 37759958</b>
Mailing Address 1913 Driving Park Rd		Amount of Each Receipt this Period 50.00
City Wheaton	State IL	Zip Code 60187-3230
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Christine W Cook</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 18 / 2014 <b>Transaction ID : 37759960</b>
Mailing Address 511 Shadow Brooke Dr		Amount of Each Receipt this Period 100.00
City Chesapeake	State VA	Zip Code 23320-3511
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	316.67
<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 90 OF 170
	<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. John N Breiwa**  
Full Name (Last, First, Middle Initial)

Mailing Address 2032 Honeysuckle Ct

City Bowling Green State KY Zip Code 42104-3804

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 12 / 17 / 2014  
**Transaction ID : 37759969**

Amount of Each Receipt this Period 300.00

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

Mailing Address PO Box 5505

City Yuma State AZ Zip Code 85366-2475

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 12 / 17 / 2014  
**Transaction ID : 37759970**

Amount of Each Receipt this Period 300.00

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

Mailing Address PO Box 176

City Gig Harbor State WA Zip Code 98335-0176

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 12 / 17 / 2014  
**Transaction ID : 37759971**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 850.00

**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 91 OF 170
	(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. Joanna C Chamberlain**  
Full Name (Last, First, Middle Initial)

Mailing Address 1209 E Butterfield Pl

City Olathe State KS Zip Code 66062-2255

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  
12 / 17 / 2014  
**Transaction ID : 37759975**

Amount of Each Receipt this Period  
150.00

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

Mailing Address 113 Brenton Ct

City Goodlettsville State TN Zip Code 37072-2132

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  
12 / 17 / 2014  
**Transaction ID : 37759979**

Amount of Each Receipt this Period  
100.00

**C. Dr. Lewis Moore Cutter JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 865 Spring Hill Rd

City Steamboat Spr State CO Zip Code 80487-8830

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  
12 / 17 / 2014  
**Transaction ID : 37759980**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

**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 92 OF 170
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Dorothy L Hitchmoth</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2014 <b>Transaction ID : 37759984</b>
Mailing Address PO Box 302			Amount of Each Receipt this Period 88.00
City New London	State NH	Zip Code 03257-0302	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1056.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Jennifer L Planitz</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 18 / 2014 <b>Transaction ID : 37761918</b>
Mailing Address 3537 Newcastle Dr Se			Amount of Each Receipt this Period 606.16
City Rio Rancho	State NM	Zip Code 87124-3672	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 5000.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Amber Gatti Dunn</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2014 <b>Transaction ID : 37762767</b>
Mailing Address 1613 Ash St			Amount of Each Receipt this Period 500.00
City Forest Grove	State OR	Zip Code 97116-2847	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 550.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1194.16
<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 93 OF 170
	<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	<input type="checkbox"/> 17

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

**A. 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 ▼  
500.00

Date of Receipt  
12 / 17 / 2014  
Transaction ID : 37762770

Amount of Each Receipt this Period  
250.00

**B. Dr. Philip Dunne Flynn**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 Palmetto Hall Dr

City Lexington State SC Zip Code 29072-7894

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  
12 / 19 / 2014  
Transaction ID : 37762782

Amount of Each Receipt this Period  
125.00

**C. 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 Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.04

Date of Receipt  
12 / 19 / 2014  
Transaction ID : 37762783

Amount of Each Receipt this Period  
166.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.67

**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: PAGE 94 OF 170  
(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**

**A. Dr. H. Lindsay Wright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 798 Trail Ridge Dr  
 City State Zip Code  
 Louisville CO 80027-3113  
 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 ▼  
 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 37762784**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. William E Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3371 Rodeo Rd  
 City State Zip Code  
 Missoula MT 59803-9651  
 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 ▼  
 666.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : 37762787**  
 Amount of Each Receipt this Period  
 83.34

**C. Dr. John R Pfeifer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15435 11th Ave SW  
 City State Zip Code  
 Burien WA 98166-2111  
 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  
 12 / 19 / 2014  
**Transaction ID : 37762788**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 183.34  
**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 95 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr James Dylan Vaught**  
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Collins St

City Conway State SC Zip Code 29526-3624

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 18 / 2014  
**Transaction ID : 37762948**

Amount of Each Receipt this Period 1000.00

**B. DR Daniel M Bowersox**  
Full Name (Last, First, Middle Initial)

Mailing Address 5710 Valley Park Dr

City Louisville State KY Zip Code 40299-4193

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 12 / 18 / 2014  
**Transaction ID : 37762953**

Amount of Each Receipt this Period 250.00

**C. Dr James S Mc Bride**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 Inglewood Dr

City Tullahoma State TN Zip Code 37388-5555

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 12 / 18 / 2014  
**Transaction ID : 37762956**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

**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 96 OF 170		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

**A. Dr Giselle Lander**  
Full Name (Last, First, Middle Initial)

Mailing Address 5010 Boulder Creek Dr

City Solon State OH Zip Code 44139-1380

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2014

**Transaction ID : 37762959**

Amount of Each Receipt this Period  
**300.00**

**B. DR Jana K Murakami**  
Full Name (Last, First, Middle Initial)

Mailing Address 98-712 Nohoaupuni Pl

City Aiea State HI Zip Code 96701-2781

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2014

**Transaction ID : 37762961**

Amount of Each Receipt this Period  
**300.00**

**c. Dr. Michael J Veliky**  
Full Name (Last, First, Middle Initial)

Mailing Address 787 Pony Trl

City Franklin Lks State NJ Zip Code 07417-1549

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 ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2014

**Transaction ID : 37763081**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **650.00**

**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 97 OF 170
	<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. Paul S Jensen**  
Full Name (Last, First, Middle Initial)

Mailing Address 4717 132nd Ave SE

City Bellevue	State WA	Zip Code 98006-2132
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2014

**Transaction ID : 37763084**

Amount of Each Receipt this Period  

20.00
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**B. Dr. Thomas L Lim**  
Full Name (Last, First, Middle Initial)

Mailing Address 1136 Thorntree Court

City San Jose	State CA	Zip Code 95120-1740
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2014

**Transaction ID : 37763085**

Amount of Each Receipt this Period  

91.25
-------

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

Mailing Address 114 CRESTED PEAK CT

City SANTA TERESA	State NM	Zip Code 88008-9423
----------------------	-------------	------------------------

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 ▼  
1000.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2014

**Transaction ID : 37763086**

Amount of Each Receipt this Period  

83.34
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	194.59
<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 98 OF 170
	<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. 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 Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.04

Date of Receipt  
12 / 20 / 2014  
**Transaction ID : 37763087**

Amount of Each Receipt this Period  
166.67

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

Mailing Address 1101 Angel Ln

City Canton State SD Zip Code 57013-2634

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  
12 / 20 / 2014  
**Transaction ID : 37763088**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 77 N Iroquois Ln

City Chester Sprgs State PA Zip Code 19425-2929

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 ▼ 240.00

Date of Receipt  
12 / 20 / 2014  
**Transaction ID : 37763089**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 211.67

**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 99 OF 170
	<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. Chad A Carlsson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1415 S Sandstone St  
 City Gilbert State AZ Zip Code 85296-4370  
 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 ▼ 310.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2014  
**Transaction ID : 37763090**  
 Amount of Each Receipt this Period  
 30.42

**B. Dr. Robert Parks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 86 Darlene Dr  
 City Wakefield State RI Zip Code 02879-8307  
 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 ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2014  
**Transaction ID : 37763091**  
 Amount of Each Receipt this Period  
 31.25

**C. 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 Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2014  
**Transaction ID : 37763092**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 311.67  
**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: PAGE 100 OF 170  
(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. Tom Felstet**

Mailing Address 2003 ELM ST

City State Zip Code  
 BILLINGS MT 59101-0550

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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2014

**Transaction ID : 37763095**

Amount of Each Receipt this Period  
 300.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Robert P Wooldridge**

Mailing Address 1852 Aintree Ave

City State Zip Code  
 Draper UT 84020-7711

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  
 12 / 20 / 2014

**Transaction ID : 37763097**

Amount of Each Receipt this Period  
 125.00

Full Name (Last, First, Middle Initial)  
**c. Dr. George W Hertneky**

Mailing Address 16862 County Road 28

City State Zip Code  
 Brush CO 80723-9424

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 ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2014

**Transaction ID : 37763103**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.00

**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 101 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Micah S Mills**  
Full Name (Last, First, Middle Initial)

Mailing Address 15618 Montrose Way

City Caldwell	State ID	Zip Code 83607-5419
------------------	-------------	------------------------

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

Name of Employer Self Employed	Occupation Doctor of Optometry
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2014

**Transaction ID : 37763104**

Amount of Each Receipt this Period  

360.00
--------

**B. Dr. Jan L Cooper**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 Chandler W

City Highland	State CA	Zip Code 92346-5482
------------------	-------------	------------------------

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 ▼ **2000.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2014

**Transaction ID : 37763106**

Amount of Each Receipt this Period  

166.67
--------

**C. Dr. Michael P Weisgerber**  
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) ▼

Aggregate Year-to-Date ▼ **364.98**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2014

**Transaction ID : 37763108**

Amount of Each Receipt this Period  

33.18
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>229.85</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 102 OF 170
	<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. William L Ratcliff**  
Full Name (Last, First, Middle Initial)

Mailing Address 530 10th St

City State Zip Code  
Huntington WV 25701-2222

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 ▼  
336.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2014  
**Transaction ID : 37763111**

Amount of Each Receipt this Period  
42.00

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

Mailing Address 303 Roosevelt St

City State Zip Code  
Bristol PA 19007-4315

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  
12 / 22 / 2014  
**Transaction ID : 37763118**

Amount of Each Receipt this Period  
25.00

**C. Dr. Larry J Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 43 Bonhomme Richard Ct

City State Zip Code  
Saint Charles MO 63303-1761

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 ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 22 / 2014  
**Transaction ID : 37763119**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 87.00

**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 103 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Matthew J Maki**  
Full Name (Last, First, Middle Initial)

Mailing Address 135 W Church St

City Williamston State MI Zip Code 48895-1119

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 **12 / 22 / 2014**

**Transaction ID : 37763120**

Amount of Each Receipt this Period **25.00**

**B. Dr. Scott 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 Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **12 / 22 / 2014**

**Transaction ID : 37763122**

Amount of Each Receipt this Period **100.00**

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

Mailing Address 1724 Kendrick St

City Philadelphia State PA Zip Code 19152-1816

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 ▼ **600.00**

Date of Receipt **12 / 22 / 2014**

**Transaction ID : 37763123**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**

**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 104 OF 170  
(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**

**A. Dr. Jon Frederick Pederson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1025 Milwaukee St  
 City State Zip Code  
 Denver CO 80206-3337  
 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 ▼  
 885.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2014  
**Transaction ID : 37763124**  
 Amount of Each Receipt this Period  
 85.00

**B. Dr. Jennifer J Kungle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4437 Cobalt Dr  
 City State Zip Code  
 Harwood MD 20776-9621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2014  
**Transaction ID : 37763293**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. Dawn Marie Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3004 E Lake Hill Dr  
 City State Zip Code  
 Orange CA 92867-1910  
 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 ▼  
 775.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2014  
**Transaction ID : 37763294**  
 Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00  
**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 105 OF 170
	<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. Christian S Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Jenny Jump Rd

City Blairstown State NJ Zip Code 07825-3704

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 ▼ 250.02

Date of Receipt  
12 / 23 / 2014  
Transaction ID : 37763515

Amount of Each Receipt this Period  
83.34

**B. Dr. Chris R Fields**  
Full Name (Last, First, Middle Initial)

Mailing Address 173 Peterkin Hill Rd

City S Woodstock State VT Zip Code 05071-4500

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2004.00

Date of Receipt  
12 / 23 / 2014  
Transaction ID : 37763516

Amount of Each Receipt this Period  
167.00

**C. Dr. Anthony R Doffin**  
Full Name (Last, First, Middle Initial)

Mailing Address 3324 119Th Ave Ne

City Blaine State MN Zip Code 55449-7516

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  
12 / 23 / 2014  
Transaction ID : 37763517

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.34

**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 106 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. William Craig Poulter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3679 W 8110 S  
 City West Jordan State UT Zip Code 84088-4458  
 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 **420.00**

Date of Receipt **12 / 23 / 2014**  
**Transaction ID : 37763518**  
 Amount of Each Receipt this Period **300.00**

**B. Dr Michael Blake**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 2859  
 City GALLUP State NM Zip Code 87305-2859  
 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 **12 / 22 / 2014**  
**Transaction ID : 37763526**  
 Amount of Each Receipt this Period **500.00**

**C. Dr. Clifford A Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 199 Glen St  
 City Natick State MA Zip Code 01760-5605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry,MPH  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **865.00**

Date of Receipt **12 / 22 / 2014**  
**Transaction ID : 37763527**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1030.00**  
**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

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(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. DR Gregg Stanton Sunner**

Mailing Address 3202 SW Court Ave

City Ankeny State IA Zip Code 50023-9205

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 **12 / 22 / 2014**

**Transaction ID : 37763528**

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)  
**B. Dr. Dwight L Avery**

Mailing Address 138 Pine Trail Rd

City London State KY Zip Code 40744-9426

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 **12 / 22 / 2014**

**Transaction ID : 37763529**

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)  
**c. Dr. Dan R Dye**

Mailing Address 1501 Washington St

City Eldora State IA Zip Code 50627-2351

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 **12 / 22 / 2014**

**Transaction ID : 37763530**

Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1300.00**

**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 108 OF 170
	<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**

Full Name (Last, First, Middle Initial) <b>A. DR Gerald D Furnari</b>		Date of Receipt 12 / 22 / 2014 <b>Transaction ID : 37763531</b>
Mailing Address 948 N Krome Ave		Amount of Each Receipt this Period 300.00
City Homestead	State FL	Zip Code 33030-4409
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr Brad L Steger</b>		Date of Receipt 12 / 22 / 2014 <b>Transaction ID : 37763532</b>
Mailing Address 112 Houston St		Amount of Each Receipt this Period 250.00
City Borger	State TX	Zip Code 79007-6420
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Abby L Whiting</b>		Date of Receipt 12 / 22 / 2014 <b>Transaction ID : 37763534</b>
Mailing Address 2055 Mercer New Wilmington Rd Apt		Amount of Each Receipt this Period 150.00
City New Wilmngtn	State PA	Zip Code 16142-2027
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<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 109 OF 170
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Kent Alan Voyce</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 1025 Highway 34 E		<b>Transaction ID : 37763535</b>
City Newnan	State GA	Zip Code 30265-6800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr John Mullins</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 599 BUCKHEAD		<b>Transaction ID : 37763536</b>
City AVON LAKE	State OH	Zip Code 44012-2364
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Charlotte F Nielsen</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2014
Mailing Address 1120 E Washington St		<b>Transaction ID : 37763654</b>
City Grayslake	State IL	Zip Code 60030-7960
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<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 110 OF 170
	<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**

Full Name (Last, First, Middle Initial)  
**A. DR Arol R Augsburger**

Mailing Address 3315 S Throop St

City Chicago State IL Zip Code 60608-6329

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 22 / 2014**

**Transaction ID : 37763692**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. Dr. Jacqueline M Bowen**

Mailing Address 3930 W 19th Street Ln

City Greeley State CO Zip Code 80634-3446

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 ▼ **850.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 24 / 2014**

**Transaction ID : 37763769**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**c. Dr. Sarah Hetu-Radny**

Mailing Address 18 Kessler Farm Dr Apt 637

City Nashua State NH Zip Code 03063-7120

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 ▼ **204.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 24 / 2014**

**Transaction ID : 37763770**

Amount of Each Receipt this Period  
**17.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **617.00**

**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 111 OF 170  
(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**

**A. Dr. Kimberly D Ocampo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2204 12th St SE  
 City Decatur State AL Zip Code 35601-4524  
 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 **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2014  
**Transaction ID : 37763771**  
 Amount of Each Receipt this Period  
**50.00**

**B. Dr. Shira L Pipkin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3587 Buffalo Ave  
 City Broomfield State CO Zip Code 80020-9016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2014  
**Transaction ID : 37763772**  
 Amount of Each Receipt this Period  
**25.00**

**C. Dr. Lynn F Hellerstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8611 E Otero Pl  
 City Centennial State CO Zip Code 80112-3317  
 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 **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2014  
**Transaction ID : 37763773**  
 Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **125.00**  
**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 112 OF 170
	<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. Paul L Krueger**  
Full Name (Last, First, Middle Initial)

Mailing Address 1430 Windham Hill Dr

City Riverside State IA Zip Code 52327-1400

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 ▼ 240.00

Date of Receipt 12 / 24 / 2014  
Transaction ID : 37763774

Amount of Each Receipt this Period 200.00

**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 Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.04

Date of Receipt 12 / 24 / 2014  
Transaction ID : 37763775

Amount of Each Receipt this Period 166.67

**C. Dr. Raymond K Greene**  
Full Name (Last, First, Middle Initial)

Mailing Address 3207 N 22nd St

City Coeur D Alene State ID Zip Code 83815-6321

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 ▼ 462.00

Date of Receipt 12 / 24 / 2014  
Transaction ID : 37763776

Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 228.67

**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 113 OF 170
	<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 A Hayden**  
Full Name (Last, First, Middle Initial)

Mailing Address 679 Plumtree Ln

City Fenton State MI Zip Code 48430-4207

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  
12 / 24 / 2014  
**Transaction ID : 37763777**

Amount of Each Receipt this Period  
100.00

**B. 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 ▼  
2004.00

Date of Receipt  
12 / 24 / 2014  
**Transaction ID : 37763778**

Amount of Each Receipt this Period  
167.00

**C. Dr. Abie R Chadderdon**  
Full Name (Last, First, Middle Initial)

Mailing Address 2005 Timberline Rd

City Marshalltown State IA Zip Code 50158-3865

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  
12 / 24 / 2014  
**Transaction ID : 37763779**

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	767.00
<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 114 OF 170
	<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. Paul L Gustafson**  
Full Name (Last, First, Middle Initial)

Mailing Address 159 Sunflower St

City Casper State WY Zip Code 82604-3805

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 ▼ **520.00**

Date of Receipt **12 / 24 / 2014**

**Transaction ID : 37763780**

Amount of Each Receipt this Period **45.00**

**B. Dr David Hill Curtis**  
Full Name (Last, First, Middle Initial)

Mailing Address Po Box 9099

City Columbus State MS Zip Code 39705-0038

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 **12 / 24 / 2014**

**Transaction ID : 37763784**

Amount of Each Receipt this Period **500.00**

**C. Dr. D. Matthew Burchett**  
Full Name (Last, First, Middle Initial)

Mailing Address 1231 Parkview Way

City Richmond State KY Zip Code 40475-3436

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 ▼ **1010.04**

Date of Receipt **12 / 25 / 2014**

**Transaction ID : 37763791**

Amount of Each Receipt this Period **83.34**

**SUBTOTAL** of Receipts This Page (optional)..... **628.34**

**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: PAGE 115 OF 170  
(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**

**A. Dr. Gabrielle W Marshall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2463 NW 1st St  
 City Bend State OR Zip Code 97701-1246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Doctor of Optometry,FCOVD  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2014  
**Transaction ID : 37763792**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. Ashley Mc Ferron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5079 W Sunset Dr  
 City Lake Oswego State OR Zip Code 97035-4253  
 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 ▼  
 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2014  
**Transaction ID : 37763794**  
 Amount of Each Receipt this Period  
 41.67

**C. Dr. Robert Owens**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Century Ln  
 City Newmanstown State PA Zip Code 17073-8982  
 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 ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2014  
**Transaction ID : 37763796**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 141.67  
**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 116 OF 170
	<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**

Full Name (Last, First, Middle Initial) <b>A. Ms. Bj Avery</b>		Date of Receipt 12 / 25 / 2014 <b>Transaction ID : 37763797</b>
Mailing Address 1104 West Ave		Amount of Each Receipt this Period 20.00
City Austin State TX Zip Code 78701-2020	FEC ID number of contributing federal political committee. C	
Name of Employer Texas Optometric Assn Inc Occupation Executive Director	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00

Full Name (Last, First, Middle Initial) <b>B. Dr. Markus Barth</b>		Date of Receipt 12 / 25 / 2014 <b>Transaction ID : 37763798</b>
Mailing Address 1346 Heller Dr		Amount of Each Receipt this Period 41.67
City Yardley State PA Zip Code 19067-2714	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Doctor of Optometry	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04

Full Name (Last, First, Middle Initial) <b>c. Dr. Gregory A Caldwell</b>		Date of Receipt 12 / 25 / 2014 <b>Transaction ID : 37763799</b>
Mailing Address 225 Terrace Dr		Amount of Each Receipt this Period 166.67
City Lilly State PA Zip Code 15938-5819	FEC ID number of contributing federal political committee. C	
Name of Employer Self Employed Occupation Doctor of Optometry	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.04

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	228.34
<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 117 OF 170  
(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. Lance W Fagan**

Mailing Address 6160 N 17th St

City State Zip Code  
 Dalton Gardens ID 83815-9617

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 ▼  
 522.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2014

**Transaction ID : 37763800**

Amount of Each Receipt this Period  
 31.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Mario Joseph Contaldi**

Mailing Address 7728 Mid Cities Blvd

City State Zip Code  
 N Richlnd Hls TX 76180-4621

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

Name of Employer Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1090.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2014

**Transaction ID : 37763801**

Amount of Each Receipt this Period  
 90.91

Full Name (Last, First, Middle Initial)  
**C. Dr. Mark R Lee**

Mailing Address PO Box 184

City State Zip Code  
 Blue Diamond NV 89004-0184

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 ▼  
 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 25 / 2014

**Transaction ID : 37763802**

Amount of Each Receipt this Period  
 45.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **166.91**

**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 118 OF 170
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 1501 Sunset Hill Dr

City State Zip Code  
Rockwall TX 75087-3216

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 ▼  
1000.20

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 25 / 2014

**Transaction ID : 37763803**

Amount of Each Receipt this Period  
83.35

**B. Dr. Rustin M Hatch**  
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Evergreen Dr

City State Zip Code  
Twin Falls ID 83301-3423

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 ▼  
553.33

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 25 / 2014

**Transaction ID : 37763804**

Amount of Each Receipt this Period  
50.00

**C. Dr. Michael A Bollenbacher**  
Full Name (Last, First, Middle Initial)

Mailing Address 2703 Limestone Pl

City State Zip Code  
Superior CO 80027-6062

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 ▼  
204.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 25 / 2014

**Transaction ID : 37763805**

Amount of Each Receipt this Period  
17.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.35
<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 119 OF 170
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Jeffrey A Gonnason</b>			Date of Receipt 12 / 25 / 2014 <b>Transaction ID : 37763806</b>
Mailing Address 6721 Gloucester Pl			Amount of Each Receipt this Period 84.00
City Anchorage	State AK	Zip Code 99504-3343	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1008.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Dr. Frederick P Darin</b>			Date of Receipt 12 / 25 / 2014 <b>Transaction ID : 37763807</b>
Mailing Address 405 Tirrell Rd			Amount of Each Receipt this Period 83.34
City Charlotte	State MI	Zip Code 48813-2131	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.01
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Dr. Douglas J Walker</b>			Date of Receipt 12 / 26 / 2014 <b>Transaction ID : 37763819</b>
Mailing Address Po Box 988			Amount of Each Receipt this Period 25.00
City Brookings	State OR	Zip Code 97415-0021	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192.34
<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 120 OF 170
<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. Ron Benner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1408 E Maryland Ln  
City Laurel State MT Zip Code 59044-2238  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Employed  
Occupation Doctor of Optometry  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.04

Date of Receipt  
12 / 26 / 2014  
**Transaction ID : 37763820**  
Amount of Each Receipt this Period  
166.67

**B. Dr. Raphael Perez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 524 Fernwood Rd  
City Key Biscayne State FL Zip Code 33149-1842  
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  
12 / 26 / 2014  
**Transaction ID : 37763821**  
Amount of Each Receipt this Period  
250.00

**C. Dr. Daniel Dawson Coyle**  
Full Name (Last, First, Middle Initial)  
Mailing Address 310 Tea Farm Rd  
City Summerville State SC Zip Code 29483-4218  
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  
12 / 26 / 2014  
**Transaction ID : 37763823**  
Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 541.67  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 170
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 57 Pebblebrook Ct

City Bloomington State IL Zip Code 61705-6300

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 12 / 26 / 2014  
**Transaction ID : 37763824**

Amount of Each Receipt this Period 250.00

**B. Dr. Rebecca H Wartman**  
Full Name (Last, First, Middle Initial)

Mailing Address 46 Lambeth Walk

City Fairview State NC Zip Code 28730-7721

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 12 / 26 / 2014  
**Transaction ID : 37763825**

Amount of Each Receipt this Period 200.00

**C. Dr. Kenneth Ray Moultrie**  
Full Name (Last, First, Middle Initial)

Mailing Address 1809 Gaslight Way NE

City Huntsville State AL Zip Code 35801-1555

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 ▼ 1100.00

Date of Receipt 12 / 26 / 2014  
**Transaction ID : 37763826**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**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 122 OF 170
	<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. David S Cook**  
Full Name (Last, First, Middle Initial)

Mailing Address 6460 Devon Ln

City State Zip Code  
Cadillac MI 49601-9549

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 / D D / Y Y Y Y Y  
12 / 26 / 2014

**Transaction ID : 37763827**

Amount of Each Receipt this Period  
25.00

**B. Dr Cameron E Herrin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1704 N 4Th Ave

City State Zip Code  
Purcell OK 73080-1902

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  
12 / 24 / 2014

**Transaction ID : 37763833**

Amount of Each Receipt this Period  
500.00

**c. DR Douglas Reynolds**  
Full Name (Last, First, Middle Initial)

Mailing Address 5800 Dahoon Dr

City State Zip Code  
Pensacola FL 32526-3245

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 24 / 2014

**Transaction ID : 37763834**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	775.00
<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 123 OF 170
	<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 David C Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 1816 Meadowlake Dr

City Woodward State OK Zip Code 73801-5262

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  
12 / 24 / 2014  
**Transaction ID : 37763835**

Amount of Each Receipt this Period  
250.00

**B. Dr. Rose Marie Betz**  
Full Name (Last, First, Middle Initial)

Mailing Address 7300 N Bluff Dr

City Tuscaloosa State AL Zip Code 35406-2608

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 ▼  
1200.00

Date of Receipt  
12 / 24 / 2014  
**Transaction ID : 37763840**

Amount of Each Receipt this Period  
100.00

**C. 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 ▼  
2400.00

Date of Receipt  
12 / 27 / 2014  
**Transaction ID : 37763852**

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**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 124 OF 170
	<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. Elizabeth Christensen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 309 Horizon Dr  
 City Encinitas State CA Zip Code 92024-4148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2014  
**Transaction ID : 37763853**  
 Amount of Each Receipt this Period  
 90.00

**B. Dr. C. Thomas Crooks III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 244 Narrows Dr  
 City Birmingham State AL Zip Code 35242-8651  
 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 ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2014  
**Transaction ID : 37763854**  
 Amount of Each Receipt this Period  
 50.00

**C. Dr. James Cope IV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1607 S 2900 E  
 City Spanish Fork State UT Zip Code 84660-8903  
 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 ▼ 271.69

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 27 / 2014  
**Transaction ID : 37763855**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<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 125 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Leon Michael Favede**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 Harbel Dr

City State Zip Code  
St Clairsvle OH 43950-1081

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 ▼  
504.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2014

**Transaction ID : 37763856**

Amount of Each Receipt this Period  
126.00

**B. Dr. David S Hays**  
Full Name (Last, First, Middle Initial)

Mailing Address 8720 52nd Street Ct W

City State Zip Code  
University Place WA 98467-1758

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 ▼  
924.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2014

**Transaction ID : 37763857**

Amount of Each Receipt this Period  
84.00

**C. Dr. Stevin Robert Minie**  
Full Name (Last, First, Middle Initial)

Mailing Address 17601 San Fernando Mission Blvd

City State Zip Code  
Granada Hills CA 91344-4038

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

Name of Employer Occupation  
Self Employed Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2014

**Transaction ID : 37763859**

Amount of Each Receipt this Period  
45.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	255.00
<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 126 OF 170
	<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. Jeffrey W Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 Northcastle St

City Longview State TX Zip Code 75604-3544

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 ▼ **1100.00**

Date of Receipt **12 / 27 / 2014**

**Transaction ID : 37763861**

Amount of Each Receipt this Period **100.00**

**B. Dr. Stephen P Steinmetz**  
Full Name (Last, First, Middle Initial)

Mailing Address 844 Woodbine Ct

City Naperville State IL Zip Code 60540-8217

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 **12 / 26 / 2014**

**Transaction ID : 37763865**

Amount of Each Receipt this Period **150.00**

**C. Dr. Ha Thao Lai**  
Full Name (Last, First, Middle Initial)

Mailing Address 571 Shelley Ct

City Milpitas State CA Zip Code 95035-3940

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 **12 / 26 / 2014**

**Transaction ID : 37763867**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **350.00**

**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 127 OF 170  
(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**

**A. Dr. Edward Avery Peters III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6750 S Loomis Rd  
 City Dewitt State MI Zip Code 48820-9753  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763870**  
 Amount of Each Receipt this Period  
 25.00

**B. Dr. Jeffrey K Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 145 Unity Ln  
 City Crosssett State AR Zip Code 71635-9175  
 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 ▼ 2400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763873**  
 Amount of Each Receipt this Period  
 200.00

**C. Dr. Mark A Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 527 E 1500 S  
 City Kaysville State UT Zip Code 84037-3032  
 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 ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763874**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 245.00  
**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 128 OF 170
	<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. Geoffrey W Goodfellow**  
Full Name (Last, First, Middle Initial)

Mailing Address 260 Aspen Dr

City Beecher State IL Zip Code 60401-5123

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 ▼ **500.04**

Date of Receipt **12 / 28 / 2014**

**Transaction ID : 37763875**

Amount of Each Receipt this Period **41.67**

**B. Dr. Paul A Hodge**  
Full Name (Last, First, Middle Initial)

Mailing Address 3042 118th Ave

City Allegan State MI Zip Code 49010-9555

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 **12 / 28 / 2014**

**Transaction ID : 37763876**

Amount of Each Receipt this Period **50.00**

**C. Dr. Robert A Sorensen**  
Full Name (Last, First, Middle Initial)

Mailing Address 11528 N Avondale Loop

City Hayden State ID Zip Code 83835-9142

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 ▼ **504.00**

Date of Receipt **12 / 28 / 2014**

**Transaction ID : 37763877**

Amount of Each Receipt this Period **126.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>217.67</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 129 OF 170
	<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. Edwin Y Endo**  
Full Name (Last, First, Middle Initial)

Mailing Address 98-828 Hiliu Pl

City State Zip Code  
Aiea HI 96701-2785

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 ▼  
**499.99**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 28 / 2014**

**Transaction ID : 37763878**

Amount of Each Receipt this Period  
**41.67**

**B. Dr. Janice M McMahon**  
Full Name (Last, First, Middle Initial)

Mailing Address 308 Vernon Ave

City State Zip Code  
Wheaton IL 60187-4643

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 ▼  
**240.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 28 / 2014**

**Transaction ID : 37763879**

Amount of Each Receipt this Period  
**20.00**

**C. Dr. Zoey K Loomis**  
Full Name (Last, First, Middle Initial)

Mailing Address 3750 Highway 144

City State Zip Code  
Weldon CO 80653-9107

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 ▼  
**800.04**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 28 / 2014**

**Transaction ID : 37763880**

Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>145.01</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 130 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Diana W Gilbert**  
Full Name (Last, First, Middle Initial)

Mailing Address 8629 N Pavillion

City West Chester State OH Zip Code 45069-4885

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 ▼ 240.00

Date of Receipt  
12 / 28 / 2014  
**Transaction ID : 37763881**

Amount of Each Receipt this Period  
20.00

**B. Dr. Nancy S Barr**  
Full Name (Last, First, Middle Initial)

Mailing Address 435 Conservatory Pt

City Fayetteville State GA Zip Code 30215-8609

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 ▼ 240.00

Date of Receipt  
12 / 28 / 2014  
**Transaction ID : 37763882**

Amount of Each Receipt this Period  
20.00

**C. 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) ▼

Aggregate Year-to-Date ▼ 2000.04

Date of Receipt  
12 / 28 / 2014  
**Transaction ID : 37763883**

Amount of Each Receipt this Period  
166.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 206.67

**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:	PAGE 131 OF 170
	(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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Daniel L Gauerke</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2014 <b>Transaction ID : 37763884</b>
Mailing Address 815 W Fulton St Ste 3		Amount of Each Receipt this Period 20.00
City Waupaca	State WI	Zip Code 54981-1405
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Shelby D Robinson</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2014 <b>Transaction ID : 37763885</b>
Mailing Address 3939 62nd Ave E		Amount of Each Receipt this Period 20.00
City Fife	State WA	Zip Code 98424-2377
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Carey Patrick</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2014 <b>Transaction ID : 37763886</b>
Mailing Address 970 Patrician Ct		Amount of Each Receipt this Period 100.00
City Fairview	State TX	Zip Code 75069-8781
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<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 132 OF 170
<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Richard Joseph Gelbuda</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2014
Mailing Address Rr 4		<b>Transaction ID : 37763887</b>
City Ottawa	State IL	Zip Code 61350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.50
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Shannon C Franklin</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2014
Mailing Address 427 Cranberry Ln		<b>Transaction ID : 37763888</b>
City Crozet	State VA	Zip Code 22932-3160
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.06
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.22	

Full Name (Last, First, Middle Initial) <b>C. Dr. Mira B Swiecicki</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2014
Mailing Address 664 Clark Rd		<b>Transaction ID : 37763889</b>
City Bellingham	State WA	Zip Code 98225-7842
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 167.00
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2004.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	241.56
<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 133 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Paul Zerbinopoulos**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Carrie Ln

City N Kingstown State RI Zip Code 02852-4138

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 ▼ **365.04**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 28 / 2014**

**Transaction ID : 37763890**

Amount of Each Receipt this Period  
**30.42**

**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 ▼ **1004.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 28 / 2014**

**Transaction ID : 37763891**

Amount of Each Receipt this Period  
**42.00**

**C. Dr. Lanny F Duclos JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 3795 Sun Valley Dr

City Grantsville State UT Zip Code 84029-8512

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 ▼ **600.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**12 / 28 / 2014**

**Transaction ID : 37763893**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **122.42**

**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 134 OF 170
	<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. Thomas Annunziato**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11700 Northview Dr

City Aledo	State TX	Zip Code 76008-5223
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2014

**Transaction ID : 37763894**

Amount of Each Receipt this Period  
83.34

**B. Dr. Craig C Hyre**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 3075

City Elkins	State WV	Zip Code 26241-6075
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2014

**Transaction ID : 37763895**

Amount of Each Receipt this Period  
30.00

**C. Dr. Ronald Lee Hopping**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1801 Creekside Dr

City Friendswood	State TX	Zip Code 77546-7821
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Doctor of Optometry, MPH
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2014

**Transaction ID : 37763896**

Amount of Each Receipt this Period  
166.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	280.01
<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 135 OF 170
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Desiree Tyer Hopping</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2014
Mailing Address 1801 Creekside Dr		<b>Transaction ID : 37763897</b>
City Friendswood	State TX	Zip Code 77546-7821
FEC ID number of contributing federal political committee.	C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.04	
		Amount of Each Receipt this Period 166.67

Full Name (Last, First, Middle Initial) <b>B. Dr. David Frazee</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2014
Mailing Address 4962 Shoreline Dr		<b>Transaction ID : 37763900</b>
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	
		Amount of Each Receipt this Period 200.00

Full Name (Last, First, Middle Initial) <b>C. Dr. Rodney D Fair</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2014
Mailing Address 1169 Coneflower Way		<b>Transaction ID : 37763901</b>
City Brighton	State CO	Zip Code 80601-6785
FEC ID number of contributing federal political committee.	C	
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	
		Amount of Each Receipt this Period 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	408.34
<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 136 OF 170  
(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. Michael Ernest Heil**

Mailing Address 25904 210th Ave SE

City	State	Zip Code
Maple Valley	WA	98038-7530

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **740.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014

**Transaction ID : 37763903**

Amount of Each Receipt this Period  
**20.00**

Full Name (Last, First, Middle Initial)  
**B. Dr. Robert L Jarrell III**

Mailing Address 50 Cedar Hill Rd Ne

City	State	Zip Code
Albuquerque	NM	87122-1928

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014

**Transaction ID : 37763904**

Amount of Each Receipt this Period  
**166.67**

Full Name (Last, First, Middle Initial)  
**C. Dr. Harue Jean Marsden**

Mailing Address 1445 Prospect Ave Unit D

City	State	Zip Code
Placentia	CA	92870-3816

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

Name of Employer	Occupation
Self Employed	Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014

**Transaction ID : 37763905**

Amount of Each Receipt this Period  
**166.67**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>353.34</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 137 OF 170
	<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. 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 ▼ 2003.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014

**Transaction ID : 37763906**

Amount of Each Receipt this Period  
 166.94

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

Mailing Address 822 W Barrett St

City Seattle State WA Zip Code 98119-1829

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2004.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014

**Transaction ID : 37763907**

Amount of Each Receipt this Period  
 167.00

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

Mailing Address 8639 Olenbrook Dr

City Lewis Center State OH Zip Code 43035-8702

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 ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014

**Transaction ID : 37763908**

Amount of Each Receipt this Period  
 45.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	378.94
<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 138 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. William Thomas Reynolds Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 La Rose Ct

City Richmond State KY Zip Code 40475-7855

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

Name of Employer Self Employed Occupation Doctor of Optometry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.04

Date of Receipt 12 / 28 / 2014  
**Transaction ID : 37763909**

Amount of Each Receipt this Period 166.67

**B. Dr. Jennifer Smith Zolman**  
Full Name (Last, First, Middle Initial)

Mailing Address 141 Sea Cotton Cir

City Charleston State SC Zip Code 29412-8296

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 ▼ 500.04

Date of Receipt 12 / 28 / 2014  
**Transaction ID : 37763910**

Amount of Each Receipt this Period 41.67

**C. Dr. Jared P Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 609 Diamond Dr

City Kimberly State ID Zip Code 83341-1938

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 ▼ 360.00

Date of Receipt 12 / 28 / 2014  
**Transaction ID : 37763911**

Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 238.34

**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 139 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Melissa A Curl**  
Full Name (Last, First, Middle Initial)

Mailing Address 5225 Overland Trce

City Birmingham State AL Zip Code 35244-3958

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 ▼ 244.00

Date of Receipt 12 / 28 / 2014  
**Transaction ID : 37763912**

Amount of Each Receipt this Period 30.50

**B. Dr. Hilaire A Pressley**  
Full Name (Last, First, Middle Initial)

Mailing Address 4596 Treto Ave

City Las Vegas State NV Zip Code 89141-4283

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 ▼ 600.00

Date of Receipt 12 / 28 / 2014  
**Transaction ID : 37763913**

Amount of Each Receipt this Period 50.00

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

Mailing Address 4550 Simpson Highway 28 W

City Magee State MS Zip Code 39111-5187

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 ▼ 1080.00

Date of Receipt 12 / 28 / 2014  
**Transaction ID : 37763914**

Amount of Each Receipt this Period 90.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 170.50

**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 140 OF 170  
(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. Michael Leslie Weeden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2701 Gaines Rd  
 City Corinth State MS Zip Code 38834-5929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763917**  
 Amount of Each Receipt this Period  
 200.00

**B. Dr. Maria Santullo Richman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 Main St  
 City Manasquan State NJ Zip Code 08736-3558  
 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 ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763918**  
 Amount of Each Receipt this Period  
 41.67

**c. Dr. Harvey B Richman FAAO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 Main St  
 City Manasquan State NJ Zip Code 08736-3558  
 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 ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763919**  
 Amount of Each Receipt this Period  
 41.67

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 283.34  
**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 141 OF 170
<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. Matthew A Kelleman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Ridge Ct  
 City State Zip Code  
 E Brunswick NJ 08816-2932  
 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 ▼  
 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763920**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Jack Sol Mermelstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38-63 DAURIA DR  
 City State Zip Code  
 FAIR LAWN NJ 07410-5104  
 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 ▼  
 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763921**  
 Amount of Each Receipt this Period  
 25.00

**C. Dr. Robert Sholomon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 269 Walton St  
 City State Zip Code  
 Englewood NJ 07631-5016  
 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 ▼  
 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763922**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 142 OF 170  
(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. Lesley J Kraus**

Mailing Address 16 Emerson Dr

City State Zip Code  
 Morganville NJ 07751-1509

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 / D D / Y Y Y Y Y Y  
 12 / 28 / 2014

**Transaction ID : 37763923**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Vincent W Brandys JR**

Mailing Address 1728 Wildberry Dr Unit F

City State Zip Code  
 Glenview IL 60025-1748

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 ▼  
 420.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2014

**Transaction ID : 37763924**

Amount of Each Receipt this Period  
 35.00

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

Mailing Address 213 Larch Ln

City State Zip Code  
 Mahwah NJ 07430-2071

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 / D D / Y Y Y Y Y Y  
 12 / 28 / 2014

**Transaction ID : 37763925**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

**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 143 OF 170
<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**

Full Name (Last, First, Middle Initial)  
**A. Dr. Mary Ann Hodle**

Mailing Address 193 Tenby Chase Dr Apt 312W

City Delran	State NJ	Zip Code 08075-2531
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2014

**Transaction ID : 37763926**

Amount of Each Receipt this Period  

25.00
-------

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

Mailing Address 4-14 Saddle River Rd., Ste. 202

City Fair Lawn	State NJ	Zip Code 07410-5624
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2014

**Transaction ID : 37763927**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**C. Dr. Michael E Chocky**

Mailing Address 16-22 11th St

City Fair Lawn	State NJ	Zip Code 07410-1952
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2014

**Transaction ID : 37763928**

Amount of Each Receipt this Period  

25.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</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 144 OF 170
	<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. Azadeh Razmandi**  
Full Name (Last, First, Middle Initial)

Mailing Address 2151 Route 38 Apt 908

City State Zip Code  
Cherry Hill NJ 08002-4233

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 / D D / Y Y Y Y Y  
12 / 28 / 2014

**Transaction ID : 37763929**

Amount of Each Receipt this Period  
25.00

**B. Dr. Jennifer A Wong**  
Full Name (Last, First, Middle Initial)

Mailing Address 976 E Glen Ave

City State Zip Code  
Ridgewood NJ 07450-2906

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  
12 / 28 / 2014

**Transaction ID : 37763930**

Amount of Each Receipt this Period  
25.00

**C. Dr. Sean Michael Stevens**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Farm Brook Way

City State Zip Code  
Simpsonville SC 29681-3509

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  
12 / 28 / 2014

**Transaction ID : 37763931**

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

**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 145 OF 170
	<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. James R Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 2724 Surrey Ln

City Idaho Falls State ID Zip Code 83404-7143

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 ▼ **540.00**

Date of Receipt  
**12 / 28 / 2014**

**Transaction ID : 37763933**

Amount of Each Receipt this Period  
**45.00**

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

Mailing Address 21 FAIRWAY VILLAGE LN

City ISLE OF PALMS State SC Zip Code 29451-2732

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 ▼ **500.04**

Date of Receipt  
**12 / 28 / 2014**

**Transaction ID : 37763934**

Amount of Each Receipt this Period  
**41.67**

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

Mailing Address 252 Inverness Center Dr

City Birmingham State AL Zip Code 35242-4834

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 ▼ **600.00**

Date of Receipt  
**12 / 28 / 2014**

**Transaction ID : 37763936**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>136.67</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 146 OF 170
	<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. Michele R Haranin**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 Concord Rd

City Dover State DE Zip Code 19904-9100

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 ▼ **583.68**

Date of Receipt **12 / 28 / 2014**

**Transaction ID : 37763937**

Amount of Each Receipt this Period **48.64**

**B. Dr. Alisha J Heaton**  
Full Name (Last, First, Middle Initial)

Mailing Address 8311 N Parkside Dr

City Hayden State ID Zip Code 83835-8253

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 ▼ **360.00**

Date of Receipt **12 / 28 / 2014**

**Transaction ID : 37763938**

Amount of Each Receipt this Period **30.00**

**C. Dr. Terry L Kirkland**  
Full Name (Last, First, Middle Initial)

Mailing Address 4414 Barbados

City Wichita Falls State TX Zip Code 76308-4036

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 **12 / 28 / 2014**

**Transaction ID : 37763939**

Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **103.64**

**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 147 OF 170
	<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. Gregory W Kraupa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4280 Reiland Ln  
 City Shoreview State MN Zip Code 55126-3127  
 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 ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763940**  
 Amount of Each Receipt this Period  
 42.00

**B. Dr. Michael John Kruger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 Northpark Blvd  
 City Huxley State IA Zip Code 50124-9340  
 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 ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763941**  
 Amount of Each Receipt this Period  
 30.00

**C. Dr. Jared E Birch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1202 Ashland Dr  
 City Ammon State ID Zip Code 83406-4574  
 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 ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763942**  
 Amount of Each Receipt this Period  
 90.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	162.00
<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 148 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Randy L Andregg**  
Full Name (Last, First, Middle Initial)

Mailing Address 740 W Watersford Drive

City	State	Zip Code
Eagle	ID	83616-7150

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 ▼  
500.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	28	/	2014

**Transaction ID : 37763943**

Amount of Each Receipt this Period  
41.67

**B. Dr. Andrea E Bethel**  
Full Name (Last, First, Middle Initial)

Mailing Address 1541 Vista de Colinas Drive

City	State	Zip Code
Rio Rancho	NM	87124-3072

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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	28	/	2014

**Transaction ID : 37763944**

Amount of Each Receipt this Period  
50.00

**C. Dr. Mary Anne C Murphy**  
Full Name (Last, First, Middle Initial)

Mailing Address 16683 Cathedral Way

City	State	Zip Code
Broomfield	CO	80023-4645

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
12	/	28	/	2014

**Transaction ID : 37763945**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.67
<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 149 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Scott L Nehring**  
Full Name (Last, First, Middle Initial)

Mailing Address 32840 S Meridian Rd

City Woodburn State OR Zip Code 97071-8768

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 ▼ 504.00

Date of Receipt 12 / 28 / 2014  
**Transaction ID : 37763946**

Amount of Each Receipt this Period 42.00

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

Mailing Address 3115 Silverwood St

City Billings State MT Zip Code 59102-0655

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 ▼ 600.00

Date of Receipt 12 / 28 / 2014  
**Transaction ID : 37763947**

Amount of Each Receipt this Period 50.00

**C. Dr. Gary P Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 1733 W Wildflower Ln

City Twin Falls State ID Zip Code 83301-3691

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 ▼ 360.00

Date of Receipt 12 / 28 / 2014  
**Transaction ID : 37763948**

Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 122.00

**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 150 OF 170  
(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**

**A. Dr. Michael G Wallace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3366 Ambleside Dr  
 City State Zip Code  
 Flushing MI 48433-9784  
 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 ▼  
 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763949**  
 Amount of Each Receipt this Period  
 42.00

**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 ▼  
 2000.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763950**  
 Amount of Each Receipt this Period  
 166.67

**C. Dr. Ryan Powell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9596 N McGee St  
 City State Zip Code  
 Kansas City MO 64155-8100  
 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 ▼  
 339.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763951**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 233.67  
**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 151 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Dirk Schrotenboer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10729 Deer Ridge Ct  
 City Zeeland State MI Zip Code 49464-6830  
 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 ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763952**  
 Amount of Each Receipt this Period  
 100.00

**B. Dr. Audie M Teague JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 Friar Tuck Ln  
 City Prescott State AR Zip Code 71857-2608  
 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 ▼ 1184.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763953**  
 Amount of Each Receipt this Period  
 100.00

**c. Dr. Robert Craig Janot**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Orchard St  
 City Sulphur State LA Zip Code 70663-6268  
 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 ▼ 500.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2014  
**Transaction ID : 37763954**  
 Amount of Each Receipt this Period  
 41.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	241.67
<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 152 OF 170
	<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. Deborah S Bernay**

Full Name (Last, First, Middle Initial)  
Mailing Address 1702 Rustic Oak Ln

City Seabrook State TX Zip Code 77586-4556

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 ▼ 1200.00

Date of Receipt  
12 / 28 / 2014  
**Transaction ID : 37763955**

Amount of Each Receipt this Period  
100.00

**B. Dr. Kristofer K Thornton**

Full Name (Last, First, Middle Initial)  
Mailing Address 175 Page Creek Dr

City Hallsville State TX Zip Code 75650-3470

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 ▼ 600.00

Date of Receipt  
12 / 28 / 2014  
**Transaction ID : 37763956**

Amount of Each Receipt this Period  
50.00

**C. Dr. Barry J Jose**

Full Name (Last, First, Middle Initial)  
Mailing Address 2409 Wintersteen Rd

City Plattsmouth State NE Zip Code 68048-8958

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 ▼ 458.37

Date of Receipt  
12 / 28 / 2014  
**Transaction ID : 37763957**

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional).....▶ 191.67

**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 153 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. David M Redman**  
Full Name (Last, First, Middle Initial)

Mailing Address 795 Foxhill Cir

City Hollister State CA Zip Code 95023-9747

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 ▼ **500.04**

Date of Receipt  
12 / 28 / 2014  
**Transaction ID : 37763958**

Amount of Each Receipt this Period  
**41.67**

**B. Dr. Scott Henry Overton**  
Full Name (Last, First, Middle Initial)

Mailing Address 2933 NE 31st Ave

City Portland State OR Zip Code 97212-3657

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 ▼ **220.00**

Date of Receipt  
12 / 28 / 2014  
**Transaction ID : 37763959**

Amount of Each Receipt this Period  
**20.00**

**C. Dr. Marjorie J Knotts**  
Full Name (Last, First, Middle Initial)

Mailing Address 6120 Guilford Ave

City Indianapolis State IN Zip Code 46220-1940

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 ▼ **270.00**

Date of Receipt  
12 / 28 / 2014  
**Transaction ID : 37763962**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **91.67**

**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 154 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Jason A Ricks**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Agate Dr

City Lewistown State MT Zip Code 59457-3202

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 ▼  
455.04

Date of Receipt  
12 / 28 / 2014  
**Transaction ID : 37763963**

Amount of Each Receipt this Period  
41.67

**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 Self Employed  
Occupation Doctor of Optometry

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  
12 / 28 / 2014  
**Transaction ID : 37763964**

Amount of Each Receipt this Period  
175.00

**C. Dr. Chad E Klein**  
Full Name (Last, First, Middle Initial)

Mailing Address 1060 S 15th Ave W

City Newton State IA Zip Code 50208-5375

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 ▼  
240.00

Date of Receipt  
12 / 28 / 2014  
**Transaction ID : 37763966**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 241.67

**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 155 OF 170
	<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	<input type="checkbox"/> 17

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

**A. Dr. Christopher L Eddy**  
Full Name (Last, First, Middle Initial)

Mailing Address 6306 Buchanan St

City Fort Collins State CO Zip Code 80525-5810

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 ▼ **1008.00**

Date of Receipt **12 / 28 / 2014**

**Transaction ID : 37763968**

Amount of Each Receipt this Period **84.00**

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

Mailing Address 487 Whitebark Cir

City Wadsworth State OH Zip Code 44281-2299

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 ▼ **341.00**

Date of Receipt **12 / 28 / 2014**

**Transaction ID : 37763969**

Amount of Each Receipt this Period **31.00**

**C. Dr. Diane E Reddin**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 66

City Crawford State CO Zip Code 81415-0066

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 ▼ **600.00**

Date of Receipt **12 / 28 / 2014**

**Transaction ID : 37763970**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **215.00**

**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 156 OF 170  
(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. Jeffrey Myers**

Mailing Address PO Box 116

City State Zip Code  
 Groveport OH 43125-0116

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 ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 29 / 2014

**Transaction ID : 37764322**

Amount of Each Receipt this Period  
 42.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Steven A Rocchi**

Mailing Address 66 Palermo Dr

City State Zip Code  
 Oroville CA 95966-9240

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  
 12 / 29 / 2014

**Transaction ID : 37764516**

Amount of Each Receipt this Period  
 125.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Roger Joseph Trudell**

Mailing Address 2565 Tamarack Ave

City State Zip Code  
 Boulder CO 80304-0990

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 ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014

**Transaction ID : 37764537**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 267.00

**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 157 OF 170
	<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 J Haynes**  
Full Name (Last, First, Middle Initial)

Mailing Address 1460 Avant Rd

City West Monroe State LA Zip Code 71291-7500

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 ▼ **456.25**

Date of Receipt **12 / 29 / 2014**

**Transaction ID : 37764558**

Amount of Each Receipt this Period **91.25**

**B. Dr. Jeremy M Durham**  
Full Name (Last, First, Middle Initial)

Mailing Address 1233 N Seasons Ct

City Goddard State KS Zip Code 67052-8534

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 ▼ **600.00**

Date of Receipt **12 / 30 / 2014**

**Transaction ID : 37764575**

Amount of Each Receipt this Period **50.00**

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

Mailing Address 1505 Prince Street Suite 30

City Alexandria State VA Zip Code 22314-2852

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

Name of Employer American Optometric Association Occupation Lobbyist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 31 / 2014**

**Transaction ID : 37768811**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional).....▶ **641.25**

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

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

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

FOR LINE NUMBER: PAGE 158 OF 170  
(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**

**A. DR Carol L Alexander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2116 Wildwood Ct  
 City Fullerton State CA Zip Code 92831-1339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : 37768812**  
 Amount of Each Receipt this Period  
 365.00

**B. Dr Kevin Alexander**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2116 Wildwood Ct  
 City Fullerton State CA Zip Code 92831-1339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : 37768813**  
 Amount of Each Receipt this Period  
 365.00

**C. DR Denise Quinton Shepard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 331 Mason Dr  
 City Ringgold State GA Zip Code 30736-5403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2014  
**Transaction ID : 37768814**  
 Amount of Each Receipt this Period  
 250.00

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

**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 159 OF 170
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. James R Ogden</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2014 <b>Transaction ID : 37768817</b>
Mailing Address PO Box 250		Amount of Each Receipt this Period 200.00
City Goldendale	State WA	Zip Code 98620-0250
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. DR Sarah W Bixby-DuBois</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2014 <b>Transaction ID : 37769827</b>
Mailing Address 9442 Patricia Pl		Amount of Each Receipt this Period 500.00
City Juneau	State AK	Zip Code 99801-9379
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Steven D Koch</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2014 <b>Transaction ID : 37769828</b>
Mailing Address 1204 Madison St		Amount of Each Receipt this Period 365.00
City Wenatchee	State WA	Zip Code 98801-1937
FEC ID number of contributing federal political committee. C		
Name of Employer Self Employed	Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 515.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1065.00
<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 160 OF 170  
(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. Janet Rose Fett**

Mailing Address 517 S Ridge Dr

City State Zip Code  
S Sioux City NE 68776-3828

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  
12 / 30 / 2014  
**Transaction ID : 37769840**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Gary D Finn**

Mailing Address 6708 N 160th St

City State Zip Code  
Omaha NE 68116-4073

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 ▼  
216.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 30 / 2014  
**Transaction ID : 37769842**

Amount of Each Receipt this Period  
72.00

Full Name (Last, First, Middle Initial)  
**C. Dr. Scott W French**

Mailing Address 2310 Cedarberry Ln

City State Zip Code  
North Platte NE 69101-5966

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  
12 / 30 / 2014  
**Transaction ID : 37769844**

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 472.00

**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 161 OF 170
	<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**

Full Name (Last, First, Middle Initial) <b>A. Dr. Eric R Gengenbach</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2014 <b>Transaction ID : 37769846</b>
Mailing Address 32830 Road 761			Amount of Each Receipt this Period 100.00
City Grant	State NE	Zip Code 69140-3202	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Victoria A Gengenbach</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2014 <b>Transaction ID : 37769847</b>
Mailing Address 75490 Road 330			Amount of Each Receipt this Period 100.00
City Grant	State NE	Zip Code 69140-3330	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Scott L Greder</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 30 / 2014 <b>Transaction ID : 37769850</b>
Mailing Address 20008 Dewey Ave			Amount of Each Receipt this Period 100.00
City Elkhorn	State NE	Zip Code 68022-2769	
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed		Occupation Doctor of Optometry	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 162 OF 170
	<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. Matthew F Klemke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19264 Williams St  
 City Omaha State NE Zip Code 68130-3017  
 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 M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 37769857**  
 Amount of Each Receipt this Period  
 50.00

**B. Dr. Walter Craig Mc Cormick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 924 Tibbals St  
 City Holdrege State NE Zip Code 68949-1653  
 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 ▼ 306.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 37769862**  
 Amount of Each Receipt this Period  
 102.00

**C. Dr. Paul L Salansky JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2521 Whitaker Rd  
 City Nebraska City State NE Zip Code 68410-1025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed  
 Occupation Doctor of Optometry  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014  
**Transaction ID : 37769867**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	252.00
<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 163 OF 170  
(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**

**A. Dr. Mark A Toelle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16258 Craig Ave  
 City Bennington State NE Zip Code 68007-1885  
 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 **12 / 30 / 2014**  
**Transaction ID : 37769871**  
 Amount of Each Receipt this Period **100.00**

**B. Dr. Robert Stephen Vandervort**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16019 Lake Cir  
 City Omaha State NE Zip Code 68116-2425  
 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 **316.00**

Date of Receipt **12 / 30 / 2014**  
**Transaction ID : 37769872**  
 Amount of Each Receipt this Period **84.00**

**C. Dr. Vicky Johns Vandervort**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16019 Lake Cir  
 City Omaha State NE Zip Code 68116-2425  
 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 **316.00**

Date of Receipt **12 / 30 / 2014**  
**Transaction ID : 37769873**  
 Amount of Each Receipt this Period **84.00**

**SUBTOTAL** of Receipts This Page (optional)..... **268.00**  
**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 164 OF 170  
(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. Darren J Wright**

Mailing Address 1702 M St

City Auburn State NE Zip Code 68305-2146

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  
 12 / 30 / 2014

**Transaction ID : 37769874**

Amount of Each Receipt this Period  
 100.00

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

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 Occupation  
 Self Employed Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2014

**Transaction ID : 37769876**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. DR Jeffrey A Wilson**

Mailing Address 1460 N Riverbend Dr

City Green River State WY Zip Code 82935-6308

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  
 12 / 30 / 2014

**Transaction ID : 37769877**

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

**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 165 OF 170  
(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**

**A.** Full Name (Last, First, Middle Initial)  
**DR Kelly J Norland**

Mailing Address 25626 Oak Ln

City Spirit Lake      State IA      Zip Code 51360-6843

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

Name of Employer: Self Employed      Occupation: Doctor of Optometry

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 30 / 2014

**Transaction ID : 37769880**

Amount of Each Receipt this Period  
 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 Y Y

Amount of Each Receipt this Period

**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 Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	61969.07

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

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

FOR LINE NUMBER: PAGE 166 OF 170  
(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**

**A. UAB Chapter ASCO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address UAB School of Optometry  
 1716 University Boulevard  
 City Birmingham State AL Zip Code 35294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 11 / 26 / 2014  
**Transaction ID : 37714029**  
 Amount of Each Receipt this Period  
 500.00  
 Transfer January 2015 AOA PAC NF-Admin

**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 Y Y  
 Amount of Each Receipt this Period

**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 Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00

**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 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 : 37769981**

Amount of Each Disbursement this Period

Bank Fees

Full Name (Last, First, Middle Initial)

**B. Bank of America**

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
American Express Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 37782938**

Amount of Each Disbursement this Period

American Express Fees

Full Name (Last, First, Middle Initial)

**C. Bank of America**

Mailing Address PO Box 790251

City St. Louis State MO Zip Code 63179

Purpose of Disbursement  
Visa/MC Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : 37782939**

Amount of Each Disbursement this Period

Visa/MC 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  
Bank Fees

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2014

Transaction ID : 37782940

Amount of Each Disbursement this Period

81.38

Bank Fees

Full Name (Last, First, Middle Initial)

### B.

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

81.38

2267.49



**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. Thom Tillis Committee**

Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name  
**Thom Tillis**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
2014 General Debt Re

State: NC District:

Date of Disbursement

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

**Transaction ID : 37714136**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. First in Freedom**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City Alexandria State VA Zip Code 22314-5404

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

M M M	/	D D D	/	Y Y Y Y Y
12		08		2014

**Transaction ID : 37747625**

Amount of Each Disbursement this Period

1000.00
---------

Committee Contribution

Full Name (Last, First, Middle Initial)

**C. SEE Change PAC**

Mailing Address 5635 Stratford Circle  
Suite 2A

City Stockton State CA Zip Code 95207

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**SEE Change PAC**

Category/  
Type

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
12		18		2014

**Transaction ID : 37761917**

Amount of Each Disbursement this Period

5000.00
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Committee Contribution

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

8500.00
---------

**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. TURQUOISE PAC

Mailing Address 1050 17th Street, NW  
Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Committee Contribution

011

Category/  
Type

Candidate Name

**TURQUOISE PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			18			2014			

Transaction ID : 37761921

Amount of Each Disbursement this Period

1000.00
---------

Committee Contribution

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

1000.00
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**TOTAL** This Period (last page this line number only)..... ▶

9500.00
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