

**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 72
	<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 Tara DeRose
Full Name (Last, First, Middle Initial)
Mailing Address 5940 S Wright Ct
City Littleton State CO Zip Code 80127-4635
FEC ID number of 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
04 / 16 / 2014
Transaction ID : 37080785
Amount of Each Receipt this Period
1000.00

B. Dr Randy L Hertneky
Full Name (Last, First, Middle Initial)
Mailing Address 333 S Ivy St
City Yuma State CO Zip Code 80759-2313
FEC ID number of 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
04 / 16 / 2014
Transaction ID : 37080797
Amount of Each Receipt this Period
250.00

C. Dr Steven J St. Marie
Full Name (Last, First, Middle Initial)
Mailing Address 17 Westview Dr
City Saint Albans State VT Zip Code 05478-8021
FEC ID number of 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
04 / 16 / 2014
Transaction ID : 37086373
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	