FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

American Optometric Association Political Action Committee

ADDRESS (number and street) ▼ 1505 Prince Street

Suite 300

Check if different than previously reported. (ACC)

Alexandria | VA | 22314 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00024968

3. IS THIS REPORT [X] NEW (N) **OR** [ ] AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- [ ] April 15 Quarterly Report (Q1)
- [ ] July 15 Quarterly Report (Q2)
- [ ] October 15 Quarterly Report (Q3)
- [ ] January 31 Year-End Report (YE)
- [ ] July 31 Mid-Year Report (Non-election Year Only) (MY)
- [ ] Termination Report (TER)

(b) Monthly Report Due On:

- [ ] Feb 20 (M2)
- [ ] Mar 20 (M3)
- [ ] Apr 20 (M4)
- [ ] May 20 (M5)
- [ ] Jun 20 (M6)
- [ ] Jul 20 (M7)
- [ ] Aug 20 (M8)
- [ ] Sep 20 (M9)
- [X] Oct 20 (M10)
- [ ] Nov 20 (M11) (Non-Election Year Only)
- [ ] Dec 20 (M12) (Non-Election Year Only)
- [ ] Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: [ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2015 through 09 / 30 / 2015

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 10 / 15 / 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.

Office Use Only							

FEC FORM 3X
Rev. 12/2004

FE6AN026

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: 09 / 01 / 2015 To: 09 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		381934.84
(b) Cash on Hand at Beginning of Reporting Period	526097.25	
(c) Total Receipts (from Line 19)	60316.38	709923.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	586413.63	1091858.05
7. Total Disbursements (from Line 31)	155497.34	660941.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	430916.29	430916.29
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: 09/01/2015 To: 09/30/2015

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)	48985.63	512332.87
(ii) Unitemized	11310.86	192006.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	60296.49	704339.07
(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) ▶	60296.49	704339.07
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	5375.00
17. Other Federal Receipts (Dividends, Interest, etc.)	19.89	209.14
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)) ▶	60316.38	709923.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	60316.38	709923.21

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	72497.34	185876.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	72497.34	185876.76
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	82500.00	469250.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	500.00	2815.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	500.00	2815.00
29. Other Disbursements	0.00	3000.00
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))	155497.34	660941.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	155497.34	660941.76

DETAILED SUMMARY PAGE
of Disbursements

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)	60296.49	704339.07
34. Total Contribution Refunds (from Line 28(d))	500.00	2815.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59796.49	701524.07
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	72497.34	185876.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	72497.34	185876.76

Image# 201510159002911655

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 129

☒ 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. Paul C Ajamian

Mailing Address 245 Shadowbrook Dr

City: Roswell | State: GA | Zip Code: 30075-4600

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1250.00

Date of Receipt: 09 / 01 / 2015

Transaction ID : 38520960

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Keshia Casimir

Mailing Address 6015 California Ave SW 301
301

City: Seattle | State: WA | Zip Code: 98136-1675

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 09 / 01 / 2015

Transaction ID : 38520961

Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Dr. Matthew E Esperon

Mailing Address 392 Kinderkamack Rd

City: Hillsdale | State: NJ | Zip Code: 07642-1643

FEC ID number of 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: 09 / 01 / 2015

Transaction ID : 38520962

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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

Image# 201510159002911656

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)
☒ 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. Paul Philippe Cote

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 ▼: 375.03

Date of Receipt: 09 / 01 / 2015

Transaction ID : 38520963

Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Dr. Scott Alan Bowker

Mailing Address 1618 Northwood Dr

City: Denison | State: IA | Zip Code: 51442-1084

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 09 / 01 / 2015

Transaction ID : 38520965

Amount of Each Receipt this Period: 45.00

C. Full Name (Last, First, Middle Initial)
Dr. David L Parker

Mailing Address 4889 Bobo Pl

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: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 375.03

Date of Receipt: 09 / 01 / 2015

Transaction ID : 38520966

Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 128.34

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

Image# 201510159002911657

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Trent Pitt
Mailing Address 3011 NW 63rd St Ste A
City: Oklahoma City | State: OK | Zip Code: 73116-3642
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 333.36
Date of Receipt: 09 / 01 / 2015
Transaction ID : 38520967
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Dr. Dean E Riskedahl
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: 270.00
Date of Receipt: 09 / 02 / 2015
Transaction ID : 38521796
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Dr. Ronald Lee Hopping
Mailing Address 1801 Creekside Dr
City: Friendswood | State: TX | Zip Code: 77546-7821
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry,MPH
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 642.88
Date of Receipt: 09 / 02 / 2015
Transaction ID : 38521799
Amount of Each Receipt this Period: 119.05

SUBTOTAL of Receipts This Page (optional) ▶ 190.72

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

Image# 201510159002911658

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Desiree Tyer Hopping
Mailing Address 1801 Creekside Dr
City: Friendswood | State: TX | Zip Code: 77546-7821
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 321.42

Date of Receipt: 09 / 02 / 2015
Transaction ID : 38521800
Amount of Each Receipt this Period: 59.52

B. Full Name (Last, First, Middle Initial)
Dr. George W Hertneky
Mailing Address 16862 County Road 28
City: Brush | State: CO | Zip Code: 80723-9424
FEC ID number of 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: 09 / 02 / 2015
Transaction ID : 38521802
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Clarke D Newman
Mailing Address 600 N Pearl St Ste G204
City: Dallas | State: TX | Zip Code: 75201-7492
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 2250.00

Date of Receipt: 09 / 02 / 2015
Transaction ID : 38521803
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 359.52

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

Image# 201510159002911659

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
DR Paul H Cook JR
Mailing Address PO Box 2700
City: Frisco | State: CO | Zip Code: 80443-2700
FEC ID number of 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: 09 / 02 / 2015
Transaction ID : 38521806
Amount of Each Receipt this Period: 120.00

B. Full Name (Last, First, Middle Initial)
Dr. Dan Hock
Mailing Address 600 Eagle Nest Trl
City: Evergreen | State: CO | Zip Code: 80439-4242
FEC ID number of 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: 09 / 02 / 2015
Transaction ID : 38521808
Amount of Each Receipt this Period: 80.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael P Weisgerber
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 ▼: 298.70

Date of Receipt: 09 / 02 / 2015
Transaction ID : 38521809
Amount of Each Receipt this Period: 33.19

SUBTOTAL of Receipts This Page (optional) ▶ 233.19

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

Image# 201510159002911660

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Dr. James H Tillman JR
Mailing Address 14330 Heath River Falls Rd
City: Andalusia | State: AL | Zip Code: 36421-1981
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 09 / 03 / 2015
Transaction ID : 38522698
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Dr. Gregory Willard Hicks
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 ▼: 1500.03

Date of Receipt: 09 / 03 / 2015
Transaction ID : 38522699
Amount of Each Receipt this Period: 166.67

C. Full Name (Last, First, Middle Initial)
Dr. Trevor J Cleveland
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 ▼: 1503.00

Date of Receipt: 09 / 03 / 2015
Transaction ID : 38522700
Amount of Each Receipt this Period: 167.00

SUBTOTAL of Receipts This Page (optional) ▶ 358.67

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)

☒ 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. Lynn Davis
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 ▼ 1500.03

Date of Receipt: 09 / 03 / 2015
Transaction ID : 38522701
Amount of Each Receipt this Period: 166.67

B. Full Name (Last, First, Middle Initial)
Dr. Lillian T Kalaczinski
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 ▼ 225.00

Date of Receipt: 09 / 03 / 2015
Transaction ID : 38522702
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Dr. Heath B Gilbert
Mailing Address 5277 Split Rail
City: Dayton State: OH Zip Code: 45429-1962
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 273.75

Date of Receipt: 09 / 03 / 2015
Transaction ID : 38522704
Amount of Each Receipt this Period: 91.25

SUBTOTAL of Receipts This Page (optional) ▶ 282.92

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

Image# 201510159002911662

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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- [X] 11a
- [ ] 11b
- [ ] 11c
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- [ ] 14
- [ ] 15
- [ ] 16
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Gerald G Gerdes JR

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: 900.00

Date of Receipt: 09 / 03 / 2015

Transaction ID : 38522705

Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Dr. Glenn Goldring

Mailing Address 209 S Grove Park Rd

City: Memphis | State: TN | Zip Code: 38117-3505

FEC ID number of 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: 09 / 03 / 2015

Transaction ID : 38522706

Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Dr. William L Brown

Mailing Address 1808 Century Valley Rd NE

City: Rochester | State: MN | Zip Code: 55906-7653

FEC ID number of 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: 09 / 01 / 2015

Transaction ID : 38522942

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 475.00

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

Image# 201510159002911663

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)
☒ 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 David J Tang

Mailing Address 2380 Haversham Close

City: Virginia Beach | State: VA | Zip Code: 23454-1153

FEC ID number of 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: 09 / 01 / 2015

Transaction ID : 38522943

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Curtis P Dechant

Mailing Address 51 S Mustang Ranch Pl

City: Tucson | State: AZ | Zip Code: 85748-6913

FEC ID number of 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: 09 / 01 / 2015

Transaction ID : 38522951

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Eugene C Balogh

Mailing Address 19218 SE 20th Ct

City: Sammamish | State: WA | Zip Code: 98075-9647

FEC ID number of 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: 09 / 01 / 2015

Transaction ID : 38522952

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

Image# 201510159002911664

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
Dr. Elliott M Rosengarten

Mailing Address 7135 Shefford Ln

City: Louisville | State: KY | Zip Code: 40242-2854

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 750.00

Date of Receipt: 09 / 03 / 2015

Transaction ID : 38523123

Amount of Each Receipt this Period: 250.00

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

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 ▼: 825.00

Date of Receipt: 09 / 04 / 2015

Transaction ID : 38524876

Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Dr. Martin H Carroll

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 ▼: 1600.00

Date of Receipt: 09 / 04 / 2015

Transaction ID : 38524877

Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 575.00

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

Image# 201510159002911665

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Miki Kitahata

Mailing Address 1913 Driving Park Rd

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: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 09 / 04 / 2015

Transaction ID : 38524878

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey K Smith

Mailing Address 145 Unity Ln

City: Crossett | 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 ▼: 1725.00

Date of Receipt: 09 / 05 / 2015

Transaction ID : 38531091

Amount of Each Receipt this Period: 225.00

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

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 ▼: 749.97

Date of Receipt: 09 / 05 / 2015

Transaction ID : 38531094

Amount of Each Receipt this Period: 83.33

SUBTOTAL of Receipts This Page (optional) ▶ 358.33

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

Image# 201510159002911666

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Thomas W Hobbs

Mailing Address 13 NE 550th Rd

City: Warrensburg | State: MO | Zip Code: 64093-7473

FEC ID number of 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: 09 / 06 / 2015

Transaction ID : 38531098

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Dr. David Edward Magnus

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: 09 / 06 / 2015

Transaction ID : 38531099

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Chris R Deibert

Mailing Address 8 Johnson Dr

City: Luray | State: VA | Zip Code: 22835-9705

FEC ID number of 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: 09 / 06 / 2015

Transaction ID : 38531100

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 130.00

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

Image# 201510159002911667

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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 ▼ 315.00

Date of Receipt: 09 / 06 / 2015

Transaction ID : 38531102

Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial)
Dr. Pamela E Theriot

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 ▼ 450.00

Date of Receipt: 09 / 07 / 2015

Transaction ID : 38531104

Amount of Each Receipt this Period: 50.00

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

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 ▼ 420.00

Date of Receipt: 09 / 07 / 2015

Transaction ID : 38531106

Amount of Each Receipt this Period: 85.00

SUBTOTAL of Receipts This Page (optional) ▶ 170.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Kathleen E Powell
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 ▼: 765.00

Date of Receipt: 09 / 07 / 2015
Transaction ID : 38531107
Amount of Each Receipt this Period: 85.00

B. Full Name (Last, First, Middle Initial)
Dr. Paul Martin Dobies
Mailing Address 1448 Evergreen Ave
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: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 460.00

Date of Receipt: 09 / 07 / 2015
Transaction ID : 38531108
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Yiu-Kin Gary Chu
Mailing Address 21 Buckman Dr
City: Lexington | State: MA | Zip Code: 02421-5925
FEC ID number of 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: 09 / 07 / 2015
Transaction ID : 38531110
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 185.00

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

Image# 201510159002911669

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

A. Full Name (Last, First, Middle Initial)
Dr. Jeri Ann Schneebeck

Mailing Address 10036 E Pinewood Dr

City: Parker | State: CO | Zip Code: 80138-7804

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1000.00

Date of Receipt: 09 / 08 / 2015

Transaction ID : 38531113

Amount of Each Receipt this Period: 200.00

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

Mailing Address 13912 Goodman St

City: Shawnee Mission | State: KS | Zip Code: 66223-1352

FEC ID number of 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: 09 / 04 / 2015

Transaction ID : 38532354

Amount of Each Receipt this Period: 1200.00

C. Full Name (Last, First, Middle Initial)
Dr. Douglas Gerard Herriott

Mailing Address 980 Nw High Point Dr

City: Lees Summit | State: MO | Zip Code: 64081-1986

FEC ID number of 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: 09 / 04 / 2015

Transaction ID : 38532355

Amount of Each Receipt this Period: 1200.00

SUBTOTAL of Receipts This Page (optional) ▶ 2600.00

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

Image# 201510159002911670

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Gerald J Prchal

Mailing Address 2603 Ridgewood Ln

City: Albany | State: GA | Zip Code: 31707-3056

FEC ID number of 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: 09 / 04 / 2015

Transaction ID : 38532356

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
DR Walter H Egenmaier

Mailing Address 4144 Cromwell Dr

City: Evansville | State: IN | Zip Code: 47725-7487

FEC ID number of 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: 09 / 04 / 2015

Transaction ID : 38532357

Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial)
Dr. Flavel J Heyman III

Mailing Address 20 Bayles Ct

City: Paxton | State: IL | Zip Code: 60957-1868

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 365.00

Date of Receipt: 09 / 04 / 2015

Transaction ID : 38532358

Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1230.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Deborah F Mc Donald
Mailing Address 108 Fairway Dr
City: Valdosta | State: GA | Zip Code: 31605-6431
FEC ID number of 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: 09 / 04 / 2015
Transaction ID : 38532359
Amount of Each Receipt this Period: 300.00

B. Full Name (Last, First, Middle Initial)
Dr. Troy D Myers
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 ▼: 250.00

Date of Receipt: 09 / 04 / 2015
Transaction ID : 38532360
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael Caplan
Mailing Address 11469 Bronzedale Dr
City: Oakton | State: VA | Zip Code: 22124-2125
FEC ID number of 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: 09 / 04 / 2015
Transaction ID : 38532361
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

Image# 201510159002911672

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Susan Leach Reckell
Mailing Address PO Box 17714
City: Fountain Hls | State: AZ | Zip Code: 85269-7714
FEC ID number of 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: 09 / 04 / 2015
Transaction ID : 38532362
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
DR Eric T Kinard
Mailing Address 5005 Barnett Shoals Rd
City: Athens | State: GA | Zip Code: 30605-4736
FEC ID number of 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: 09 / 04 / 2015
Transaction ID : 38532363
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Lawrence H Kessler
Mailing Address 1514 W Charles St
City: Champaign | State: IL | Zip Code: 61821-4427
FEC ID number of 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: 09 / 08 / 2015
Transaction ID : 38532412
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

Image# 201510159002911673

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Richard P Christoph

Mailing Address 2444 Garfield Ave

City: West Lawn | State: PA | Zip Code: 19609-1902

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

Date of Receipt: 09 / 09 / 2015

Transaction ID : 38533306

Amount of Each Receipt this Period: 45.50

B. Full Name (Last, First, Middle Initial)
Dr. Larry E Tope

Mailing Address PO Box 252

City: Paulding | State: OH | Zip Code: 45879-0252

FEC ID number of 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: 09 / 09 / 2015

Transaction ID : 38533308

Amount of Each Receipt this Period: 30.00

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

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 ▼ 333.36

Date of Receipt: 09 / 09 / 2015

Transaction ID : 38533309

Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 117.17

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

Image# 201510159002911674

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

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

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 ▼: 1333.36

Date of Receipt: 09 / 09 / 2015

Transaction ID : 38533312

Amount of Each Receipt this Period: 166.67

B. Full Name (Last, First, Middle Initial)
Dr. Richard C Hom

Mailing Address 1432 Edinburgh St

City: San Mateo | State: CA | Zip Code: 94402-3016

FEC ID number of 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: 09 / 08 / 2015

Transaction ID : 38534238

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Kellye J Knueppel

Mailing Address 15280 Watertown Plank Rd

City: Elm Grove | State: WI | Zip Code: 53122-2336

FEC ID number of 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: 09 / 09 / 2015

Transaction ID : 38534245

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1666.67

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

Image# 201510159002911675

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Steven A Loomis
Mailing Address 6436 Spotted Fawn Run
City: Littleton | State: CO | Zip Code: 80125-9055
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1400.00

Date of Receipt: 09 / 10 / 2015
Transaction ID : 38534969
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Dr. Todd F Birch
Mailing Address 984 W Riverview Dr
City: Idaho Falls | State: ID | Zip Code: 83401-5679
FEC ID number of 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: 09 / 10 / 2015
Transaction ID : 38534970
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Dana C Gjurich
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 ▼: 270.00

Date of Receipt: 09 / 10 / 2015
Transaction ID : 38534972
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 280.00

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

Image# 201510159002911676

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Joselyn Licelo Estevez
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 ▼: 378.00

Date of Receipt: 09 / 10 / 2015
Transaction ID : 38534973
Amount of Each Receipt this Period: 42.00

B. Full Name (Last, First, Middle Initial)
Dr. Patrick A Lenane
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: 09 / 10 / 2015
Transaction ID : 38534974
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Sanford Jay Katims
Mailing Address 12 Albergo Ct Apt B
City: Bethpage | State: NY | Zip Code: 11714-5260
FEC ID number of 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: 09 / 09 / 2015
Transaction ID : 38535001
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 342.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
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 ▼: 975.00

Date of Receipt: 09 / 10 / 2015
Transaction ID : 38535007
Amount of Each Receipt this Period: 175.00

B. Full Name (Last, First, Middle Initial)
Ms. Vicki Farmer
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: Arkansas Optometric Assn
Occupation: Executive Director
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 270.00

Date of Receipt: 09 / 11 / 2015
Transaction ID : 38544880
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Dr. Audie M Teague Jr.
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 ▼: 800.00

Date of Receipt: 09 / 11 / 2015
Transaction ID : 38544882
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 305.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Bruce F Breckenridge
Mailing Address 16921 SE Stoneybrook Ct
City: Clackamas | State: OR | Zip Code: 97015-6701
FEC ID number of 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: 09 / 11 / 2015
Transaction ID : 38544883
Amount of Each Receipt this Period: 60.00

B. Full Name (Last, First, Middle Initial)
DR David Heath
Mailing Address 311 LYNCROFT RD
City: NEW ROCHELLE | State: NY | Zip Code: 10804-4122
FEC ID number of 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: 09 / 11 / 2015
Transaction ID : 38544897
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Reginald H Jones
Mailing Address 14 Nancys Way
City: Enfield | State: NH | Zip Code: 03748-3608
FEC ID number of 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: 09 / 11 / 2015
Transaction ID : 38544991
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ▶ 2310.00

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

A. Full Name (Last, First, Middle Initial)
DR Paul Shepherd
Mailing Address 37904 247th Ave SE
City: Enumclaw | State: WA | Zip Code: 98022-6825
FEC ID number of 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: 09 / 10 / 2015
Transaction ID : 38545031
Amount of Each Receipt this Period: 550.00

B. Full Name (Last, First, Middle Initial)
Dr. Zoey K Loomis
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 ▼: 666.72

Date of Receipt: 09 / 10 / 2015
Transaction ID : 38545032
Amount of Each Receipt this Period: 250.02

C. Full Name (Last, First, Middle Initial)
Dr. Scott F Kenitz
Mailing Address 6003 Shagbark Ln
City: Hartford | State: WI | Zip Code: 53027-9487
FEC ID number of 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: 09 / 10 / 2015
Transaction ID : 38545034
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1050.02

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

Image# 201510159002911680

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
DR Randolph D Lee

Mailing Address 8620 W Atwater Dr

City: Boise | State: ID | Zip Code: 83714-1289

FEC ID number of 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: 09 / 10 / 2015

Transaction ID : 38545037

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Lisa R Cantrell

Mailing Address 10303 Pantera Rdg

City: Austin | State: TX | Zip Code: 78759-6919

FEC ID number of 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: 09 / 10 / 2015

Transaction ID : 38545038

Amount of Each Receipt this Period: 365.00

C. Full Name (Last, First, Middle Initial)
Dr. Aaron J Warner

Mailing Address 5004 N High Prairie Pl

City: Star | State: ID | Zip Code: 83669-5370

FEC ID number of 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: 09 / 10 / 2015

Transaction ID : 38545040

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1365.00

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

Image# 201510159002911681

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

A. Full Name (Last, First, Middle Initial)
Dr. Melinda Cano-Howes

Mailing Address 11 MILLS LN NE

City: LOS LUNAS | State: NM | Zip Code: 87031-7170

FEC ID number of contributing federal political committee: C

Name of Employer: Eye Associates of NM

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 375.03

Date of Receipt: 09 / 12 / 2015

Transaction ID : 38548452

Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Dr. Lee E Dodge

Mailing Address 14312 Califa St

City: Sherman Oaks | State: CA | Zip Code: 91401-3614

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 279.00

Date of Receipt: 09 / 12 / 2015

Transaction ID : 38548453

Amount of Each Receipt this Period: 31.00

C. Full Name (Last, First, Middle Initial)
Dr. Barbara L Horn

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 ▼: 1504.14

Date of Receipt: 09 / 12 / 2015

Transaction ID : 38548454

Amount of Each Receipt this Period: 165.29

SUBTOTAL of Receipts This Page (optional) ▶ 237.96

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

Image# 201510159002911682

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mr. Jonathan F Hymes
Mailing Address 1505 Prince St
City: Alexandria | State: VA | Zip Code: 22314-2852
FEC ID number of contributing federal political committee: C
Name of Employer: American Optometric Association
Occupation: Executive Director
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1500.03

Date of Receipt: 09 / 12 / 2015
Transaction ID : 38548457
Amount of Each Receipt this Period: 166.67

B. Full Name (Last, First, Middle Initial)
Dr. Christopher W Wroten
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: 09 / 12 / 2015
Transaction ID : 38548459
Amount of Each Receipt this Period: 85.00

C. Full Name (Last, First, Middle Initial)
Dr. Craig S Steinberg
Mailing Address 29654 Ridgeway Drive
City: Agoura Hills | State: CA | Zip Code: 91301-4147
FEC ID number of 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: 09 / 12 / 2015
Transaction ID : 38548464
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1251.67

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. D. Cory Rath
Mailing Address 10748 Sprucedale Ave
City: Las Vegas | State: NV | Zip Code: 89144-4401
FEC ID number of 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: 09 / 13 / 2015
Transaction ID : 38548465
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark David Hansen
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 ▼: 375.00

Date of Receipt: 09 / 13 / 2015
Transaction ID : 38548466
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Dr. Christopher J Colburn
Mailing Address 30 Winchester Rd
City: Lakewood | State: NY | Zip Code: 14750-1734
FEC ID number of 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: 09 / 13 / 2015
Transaction ID : 38548467
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 275.00

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

Image# 201510159002911684

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. David R Frazee

Mailing Address 4962 Shoreline Dr

City: Frisco | State: TX | Zip Code: 75034-4058

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1600.00

Date of Receipt: 09 / 13 / 2015

Transaction ID : 38548468

Amount of Each Receipt this Period: 200.00

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

Mailing Address 689 Mansfield City Rd

City: Storrs Mansfield | State: CT | Zip Code: 06268-2728

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 750.00

Date of Receipt: 09 / 13 / 2015

Transaction ID : 38548469

Amount of Each Receipt this Period: 250.00

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

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 ▼: 452.80

Date of Receipt: 09 / 13 / 2015

Transaction ID : 38548470

Amount of Each Receipt this Period: 49.10

SUBTOTAL of Receipts This Page (optional) ▶ 499.10

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Andrea G Gallo
Mailing Address 14 Vining Lane
City: Wilmington | State: DE | Zip Code: 19807-3128
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 09 / 13 / 2015
Transaction ID : 38548472
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark Joseph Dalton
Mailing Address 939 Hamilton St
City: Allentown | State: PA | Zip Code: 18101-1127
FEC ID number of 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: 09 / 13 / 2015
Transaction ID : 38548473
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Michelle Wika Chaney
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 ▼: 905.00

Date of Receipt: 09 / 14 / 2015
Transaction ID : 38548522
Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

Image# 201510159002911686

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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 ▼: 315.00

Date of Receipt: 09 / 14 / 2015

Transaction ID : 38548524

Amount of Each Receipt this Period: 35.00

B. Full Name (Last, First, Middle Initial)
DR Charles Bartels

Mailing Address 606 N Parrott Ave

City: Okeechobee | State: FL | Zip Code: 34972-2646

FEC ID number of 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: 09 / 11 / 2015

Transaction ID : 38558401

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Daniel Cho

Mailing Address 2176 Shadow Ridge Way

City: San Jose | State: CA | Zip Code: 95138-2410

FEC ID number of 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: 09 / 11 / 2015

Transaction ID : 38558444

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1035.00

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)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Mark M Ruff
Mailing Address 125 Strecker Hl
City: Marietta | State: OH | Zip Code: 45750-1657
FEC ID number of 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: 09 / 11 / 2015
Transaction ID : 38558447
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Celina Vasquez
Mailing Address 207 W Palma Vista Dr
City: Palmview | State: TX | Zip Code: 78572-2126
FEC ID number of 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: 09 / 11 / 2015
Transaction ID : 38558449
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. William Drost Altig
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 ▼: 375.00

Date of Receipt: 09 / 15 / 2015
Transaction ID : 38559018
Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

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

Image# 201510159002911688

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. George W Veliky
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 ▼ 457.50

Date of Receipt: 09 / 16 / 2015
Transaction ID : 38560533
Amount of Each Receipt this Period: 62.50

B. Full Name (Last, First, Middle Initial)
Dr. Glenda B Brown
Mailing Address 4392 Grove Field Court
City: Suwanee | State: GA | Zip Code: 30024-6758
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 809.58

Date of Receipt: 09 / 16 / 2015
Transaction ID : 38560534
Amount of Each Receipt this Period: 63.50

C. Full Name (Last, First, Middle Initial)
Dr. Andrew Ochiltree
Mailing Address 651 Canyon Hills Rd
City: Kingman | State: AZ | Zip Code: 86409-1234
FEC ID number of 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: 09 / 16 / 2015
Transaction ID : 38560535
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 176.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Mark T Mentzer
Mailing Address 2200 Blairsferry Xing
City: Hiawatha | State: IA | Zip Code: 52233-7900
FEC ID number of 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: 09 / 16 / 2015
Transaction ID : 38560536
Amount of Each Receipt this Period: 45.00

B. Full Name (Last, First, Middle Initial)
Dr. N. Gregory Richardson
Mailing Address 1440 Eastridge Dr
City: Pocatello | State: ID | Zip Code: 83201-3103
FEC ID number of 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: 09 / 16 / 2015
Transaction ID : 38560538
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey A Fries
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 ▼: 450.00

Date of Receipt: 09 / 16 / 2015
Transaction ID : 38560540
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)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

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

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 ▼: 273.78

Date of Receipt: 09 / 16 / 2015

Transaction ID : 38560541

Amount of Each Receipt this Period: 30.42

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

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: 09 / 16 / 2015

Transaction ID : 38560542

Amount of Each Receipt this Period: 166.67

C. Full Name (Last, First, Middle Initial)
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: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1000.01

Date of Receipt: 09 / 16 / 2015

Transaction ID : 38560543

Amount of Each Receipt this Period: 166.67

SUBTOTAL of Receipts This Page (optional) ▶ 363.76

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

Image# 201510159002911691

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
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 ▼: 450.00

Date of Receipt: 09 / 17 / 2015

Transaction ID : 38569720

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
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 ▼: 450.00

Date of Receipt: 09 / 17 / 2015

Transaction ID : 38569721

Amount of Each Receipt this Period: 50.00

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

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 ▼: 900.00

Date of Receipt: 09 / 17 / 2015

Transaction ID : 38569725

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

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

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 ▼: 913.68

Date of Receipt: 09 / 17 / 2015

Transaction ID : 38569726

Amount of Each Receipt this Period: 95.46

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

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 ▼: 765.00

Date of Receipt: 09 / 17 / 2015

Transaction ID : 38569728

Amount of Each Receipt this Period: 85.00

C. Full Name (Last, First, Middle Initial)
Dr. John Millirons

Mailing Address 211 S Oakdale Dr

City: Stillwater | State: OK | Zip Code: 74074-6888

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 291.69

Date of Receipt: 09 / 17 / 2015

Transaction ID : 38569729

Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 222.13

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Michele R Haranin
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 ▼: 494.56

Date of Receipt: 09 / 17 / 2015
Transaction ID : 38570166
Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial)
Dr. Philip Dunne Flynn
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 ▼: 250.00

Date of Receipt: 09 / 17 / 2015
Transaction ID : 38575297
Amount of Each Receipt this Period: 125.00

C. Full Name (Last, First, Middle Initial)
Dr. Thomas A Lucas Jr.
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 ▼: 1800.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : 38582182
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

Image# 201510159002911694

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Robert E Prouty

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: 09 / 18 / 2015

Transaction ID : 38582183

Amount of Each Receipt this Period: 100.00

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

Mailing Address 179 Wood Trce

City: Benton | State: KY | Zip Code: 42025-9400

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1500.03

Date of Receipt: 09 / 18 / 2015

Transaction ID : 38582184

Amount of Each Receipt this Period: 166.67

C. Full Name (Last, First, Middle Initial)
Dr. Daren K Oppenheimer

Mailing Address 417 Cactus Dr

City: Key West | State: FL | Zip Code: 33040-6213

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 273.78

Date of Receipt: 09 / 18 / 2015

Transaction ID : 38582185

Amount of Each Receipt this Period: 30.42

SUBTOTAL of Receipts This Page (optional) ▶ 297.09

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Robert Owens
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: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 428.56

Date of Receipt: 09 / 18 / 2015
Transaction ID : 38582187
Amount of Each Receipt this Period: 57.14

B. Full Name (Last, First, Middle Initial)
Dr. Christine W Cook
Mailing Address 511 Shadow Brooke Dr
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: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 900.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : 38582188
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert J Simons
Mailing Address 66 Cloverview Dr
City: Helena | State: MT | Zip Code: 59601-0251
FEC ID number of 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: 09 / 11 / 2015
Transaction ID : 38582209
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 657.14

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

Image# 201510159002911696

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
DR Wayne Thomas Hagerman

Mailing Address PO Box 338

City: Sitka | State: AK | Zip Code: 99835-0338

FEC ID number of 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: 09 / 11 / 2015

Transaction ID : 38582210

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. John J Mc Soley

Mailing Address 4901 Tyler St

City: Hollywood | State: FL | Zip Code: 33021-6513

FEC ID number of 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: 09 / 11 / 2015

Transaction ID : 38582211

Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial)
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 ▼: 300.00

Date of Receipt: 09 / 11 / 2015

Transaction ID : 38582212

Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 1100.00

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

Image# 201510159002911697

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Carl J Urbanski

Mailing Address 125 Ice Lake Dr

City: Mountain Top | State: PA | Zip Code: 18707-9650

FEC ID number of 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: 09 / 11 / 2015

Transaction ID : 38582213

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Rick W Davis

Mailing Address PO Box 592

City: Branson | State: MO | Zip Code: 65615-0592

FEC ID number of 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: 09 / 11 / 2015

Transaction ID : 38582214

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mark Richard Chasse

Mailing Address 168 Wildermere Rd

City: Berlin | State: CT | Zip Code: 06037-3049

FEC ID number of 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: 09 / 14 / 2015

Transaction ID : 38582269

Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Rheda S Gerlock
Mailing Address 12047 E Amherst Pl
City: Aurora | State: CO | Zip Code: 80014-3101
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: 09 / 14 / 2015
Transaction ID : 38582270
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Grant W Jones
Mailing Address 2117 Grandview Dr
City: Torrington | State: WY | Zip Code: 82240-2638
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 273.75

Date of Receipt: 09 / 18 / 2015
Transaction ID : 38587892
Amount of Each Receipt this Period: 91.25

C. Full Name (Last, First, Middle Initial)
Dr. Lynda L Jones
Mailing Address 2117 Grandview Dr
City: Torrington | State: WY | Zip Code: 82240-2638
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 273.75

Date of Receipt: 09 / 18 / 2015
Transaction ID : 38587893
Amount of Each Receipt this Period: 91.25

SUBTOTAL of Receipts This Page (optional) ▶ 432.50

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: (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. Kathleen E Goff
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 ▼: 583.38

Date of Receipt: 09 / 18 / 2015
Transaction ID : 38587929
Amount of Each Receipt this Period: 83.34

B. Full Name (Last, First, Middle Initial)
Dr. Barbara M Yanak
Mailing Address 2577 Burlington Tpke
City: Towanda | State: PA | Zip Code: 18848-8458
FEC ID number of 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: 09 / 19 / 2015
Transaction ID : 38588211
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Dr. H. Lindsay Wright
Mailing Address PO Box 270545
City: Louisville | State: CO | Zip Code: 80027-5009
FEC ID number of contributing federal political committee: C
Name of Employer: Armed Forces Optometric Society
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 450.00

Date of Receipt: 09 / 19 / 2015
Transaction ID : 38588212
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) ▶

Image# 201510159002911700

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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- [ ] 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. Susan M Brunnett
Mailing Address 9940 Ashleigh Way
City: Highlands Ranch
State: CO
Zip Code: 80126-4244
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1500.03
Date of Receipt: 09 / 19 / 2015
Transaction ID : 38588215
Amount of Each Receipt this Period: 166.67

B.
Full Name (Last, First, Middle Initial)
Dr. Chad A Carlsson
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: 273.78
Date of Receipt: 09 / 20 / 2015
Transaction ID : 38588222
Amount of Each Receipt this Period: 30.42

C.
Full Name (Last, First, Middle Initial)
Dr. David M Way
Mailing Address 21702 E Yaupon Cir
City: Tomball
State: TX
Zip Code: 77377-5996
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 09 / 20 / 2015
Transaction ID : 38588223
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 297.09

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert Allen
Mailing Address 22549 HOWARDSVILLE WOODS CT
City: ASHBURN | State: VA | Zip Code: 20148-6729
FEC ID number of 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: 09 / 20 / 2015
Transaction ID : 38588224
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Dr. Lynn Smith Hammonds
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 ▼: 1500.03

Date of Receipt: 09 / 20 / 2015
Transaction ID : 38588226
Amount of Each Receipt this Period: 166.67

C. Full Name (Last, First, Middle Initial)
Dr. Jonathan Toso
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 ▼: 225.00

Date of Receipt: 09 / 20 / 2015
Transaction ID : 38588227
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 291.67

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

Image# 201510159002911702

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Dirk Michael Beyer

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 ▼: 1522.80

Date of Receipt: 09 / 20 / 2015

Transaction ID : 38588230

Amount of Each Receipt this Period: 159.10

B. Full Name (Last, First, Middle Initial)
Dr. Karl M Citek

Mailing Address PO Box 432

City: Forest Grove | State: OR | Zip Code: 97116-0432

FEC ID number of 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: 09 / 20 / 2015

Transaction ID : 38588231

Amount of Each Receipt this Period: 40.00

C. Full Name (Last, First, Middle Initial)
Dr. Tom Felstet

Mailing Address 2003 ELM ST

City: BILLINGS | State: MT | Zip Code: 59101-0550

FEC ID number of 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: 09 / 20 / 2015

Transaction ID : 38588233

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 229.10

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert P Wooldridge
Mailing Address 1852 E Aintree Ave
City: Draper | State: UT | Zip Code: 84020-7711
FEC ID number of 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: 09 / 20 / 2015
Transaction ID : 38588235
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Dr. Justin C Holt
Mailing Address 3110 W 300 N Ste D
City: West Point | State: UT | Zip Code: 84015-7481
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 500.01

Date of Receipt: 09 / 20 / 2015
Transaction ID : 38588236
Amount of Each Receipt this Period: 166.67

C. Full Name (Last, First, Middle Initial)
Dr. Paul Bryan Stauder
Mailing Address 1765 County Road 725 N
City: Fairfield | State: IL | Zip Code: 62837-4324
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 315.00

Date of Receipt: 09 / 20 / 2015
Transaction ID : 38588239
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 366.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Dwight Matthew Burchett
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 ▼: 416.70

Date of Receipt: 09 / 21 / 2015
Transaction ID : 38588282
Amount of Each Receipt this Period: 83.34

B. Full Name (Last, First, Middle Initial)
Dr. Charles K Atwell
Mailing Address 238 Chasse Cir
City: St Charles | State: IL | Zip Code: 60174-1418
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 378.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : 38588283
Amount of Each Receipt this Period: 42.00

C. Full Name (Last, First, Middle Initial)
Dr. Derek J Louie
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 ▼: 605.01

Date of Receipt: 09 / 21 / 2015
Transaction ID : 38588284
Amount of Each Receipt this Period: 131.67

SUBTOTAL of Receipts This Page (optional) ▶ 257.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Randolph E Brooks
Mailing Address 3 Schindler Dr
City: Succasunna | State: NJ | Zip Code: 07876-1183
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1800.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : 38588285
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Dr. Jan L Cooper
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 ▼: 1500.03

Date of Receipt: 09 / 21 / 2015
Transaction ID : 38588286
Amount of Each Receipt this Period: 166.67

C. Full Name (Last, First, Middle Initial)
Dr. Karla Zadnik
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 ▼: 450.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : 38588288
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 416.67

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

A. Full Name (Last, First, Middle Initial)
Dr. William L Ratcliff
Mailing Address 530 10th St
City: Huntington | State: WV | Zip Code: 25701-2222
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 378.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : 38588289
Amount of Each Receipt this Period: 42.00

B. Full Name (Last, First, Middle Initial)
Mrs. Janet Carlson Baker
Mailing Address 1806 NE 112th Ave
City: Portland | State: OR | Zip Code: 97220-1902
FEC ID number of contributing federal political committee: C
Name of Employer: Oregon Optometric Physicians Associati
Occupation: Executive Director
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 150.00

Date of Receipt: 09 / 21 / 2015
Transaction ID : 38588290
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Dr. H. Frank Storey
Mailing Address PO Box 372
City: Stayton | State: OR | Zip Code: 97383-0372
FEC ID number of 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: 09 / 21 / 2015
Transaction ID : 38589124
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 192.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. John Allen Godfrey
Mailing Address 328 MANOR RD
City: HARLEYSVILLE | State: PA | Zip Code: 19438-1954
FEC ID number of 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: 09 / 16 / 2015
Transaction ID : 38589149
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. William S Athans
Mailing Address 184 Pine Ridge Dr
City: Whispering Pines | State: NC | Zip Code: 28327-6997
FEC ID number of 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: 09 / 16 / 2015
Transaction ID : 38589151
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Samuel Dunkin Cooke
Mailing Address 22 Southridge Ct
City: Batesville | State: AR | Zip Code: 72501-4223
FEC ID number of 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: 09 / 16 / 2015
Transaction ID : 38589152
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Mark E Schaeffer
Mailing Address 1686 Montgomery Highway
City: Birmingham | State: AL | Zip Code: 35216-4906
FEC ID number of 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: 09 / 18 / 2015
Transaction ID : 38589157
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark M Margolies
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 ▼: 450.00

Date of Receipt: 09 / 22 / 2015
Transaction ID : 38589230
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Dawn Marie Miller
Mailing Address 3004 E Lake Hill Dr
City: Orange | State: CA | Zip Code: 92867-1910
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 675.00

Date of Receipt: 09 / 22 / 2015
Transaction ID : 38589232
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Jon Frederick Pederson
Mailing Address 1025 Milwaukee St
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: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 765.00

Date of Receipt: 09 / 22 / 2015
Transaction ID : 38589233
Amount of Each Receipt this Period: 85.00

B. Full Name (Last, First, Middle Initial)
Dr. Jennifer J Kungle
Mailing Address 4437 Cobalt Dr
City: Harwood | State: MD | Zip Code: 20776-9621
FEC ID number of 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: 09 / 22 / 2015
Transaction ID : 38589234
Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Dr. James W Wadley
Mailing Address 1349 Canterbury Dr
City: Abilene | State: TX | Zip Code: 79602-4260
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1190.00

Date of Receipt: 09 / 22 / 2015
Transaction ID : 38589236
Amount of Each Receipt this Period: 170.00

SUBTOTAL of Receipts This Page (optional) ▶ 305.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr Cynthia Heard
Mailing Address 7781 Tankerston Dr
City: Memphis | State: TN | Zip Code: 38125-3614
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 212.94

Date of Receipt: 09 / 22 / 2015
Transaction ID : 38589237
Amount of Each Receipt this Period: 30.42

B. Full Name (Last, First, Middle Initial)
Dr. Stephen E Hess
Mailing Address 58 Brookwood Rd
City: Ivyland | State: PA | Zip Code: 18974-1266
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 09 / 22 / 2015
Transaction ID : 38589238
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Dr. Matthew J Maki
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 ▼: 225.00

Date of Receipt: 09 / 22 / 2015
Transaction ID : 38589240
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 80.42

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

Image# 201510159002911711

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Johni D Curts

Mailing Address 7 Timberwood Dr Unit 430

City: Lebanon | State: NH | Zip Code: 03766-4477

FEC ID number of 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: 09 / 22 / 2015

Transaction ID : 38589674

Amount of Each Receipt this Period: 400.00

B. Full Name (Last, First, Middle Initial)
Dr. Julie A Toon

Mailing Address 2204 N Longwood Cir

City: Wichita | State: KS | Zip Code: 67226-1157

FEC ID number of 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: 09 / 23 / 2015

Transaction ID : 38589675

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Dr. Kimberly F Boyer

Mailing Address 1305 Center Square Rd

City: Blain | State: PA | Zip Code: 17006-6384

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 23 / 2015

Transaction ID : 38589676

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 475.00

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

A. Full Name (Last, First, Middle Initial)
Dr. Johndra McNeely
Mailing Address 210 CROSSBRIDGE TRL
City: PIEDMONT State: SC Zip Code: 29673-7342
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 273.75

Date of Receipt: 09 / 23 / 2015
Transaction ID : 38589677
Amount of Each Receipt this Period: 91.25

B. Full Name (Last, First, Middle Initial)
Dr. Peter G Dormas
Mailing Address 119 Glenn Ave
City: Saint Clairsville State: OH Zip Code: 43950-9725
FEC ID number of contributing federal political committee. C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : 38589678
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Dr. William Craig Poulter
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 ▼ 270.00

Date of Receipt: 09 / 23 / 2015
Transaction ID : 38589679
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 146.25

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

Image# 201510159002911713

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Charlotte F Nielsen

Mailing Address 1120 E Washington St

City: Grayslake | State: IL | Zip Code: 60030-7960

FEC ID number of 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: 09 / 23 / 2015

Transaction ID : 38589680

Amount of Each Receipt this Period: 100.00

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

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 ▼: 225.00

Date of Receipt: 09 / 23 / 2015

Transaction ID : 38589681

Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Dr. Jarrod Davies

Mailing Address 13525 S Santa Anita Ct

City: Herriman | State: UT | Zip Code: 84096-4664

FEC ID number of 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: 09 / 23 / 2015

Transaction ID : 38589682

Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 155.00

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

A. Full Name (Last, First, Middle Initial)
Dr. Stuart Anderson
Mailing Address 1205 E Waterside Cv Apt 32
City: Midvale | State: UT | Zip Code: 84047-4273
FEC ID number of 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: 09 / 23 / 2015
Transaction ID : 38589683
Amount of Each Receipt this Period: 30.00

B. Full Name (Last, First, Middle Initial)
DR Ted A McElroy
Mailing Address 2812 Ridge Ave N
City: Tifton | State: GA | Zip Code: 31794-1327
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.02
Date of Receipt: 09 / 23 / 2015
Transaction ID : 38589684
Amount of Each Receipt this Period: 166.67

C. Full Name (Last, First, Middle Initial)
Dr. Chad J Thompson
Mailing Address 206 S Mill St
City: Beloit | State: KS | Zip Code: 67420-3239
FEC ID number of 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: 09 / 23 / 2015
Transaction ID : 38589685
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 246.67

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Dan A Stein
Mailing Address 25101 W Roycourt
City: Huntington Woods | State: MI | Zip Code: 48070-1745
FEC ID number of 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: 09 / 18 / 2015
Transaction ID : 38595593
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Santosh Nuchikat
Mailing Address 7750 Styrax Ln
City: Cincinnati | State: OH | Zip Code: 45236-3228
FEC ID number of 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: 09 / 18 / 2015
Transaction ID : 38595594
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
DR Lawrence L Jacobs
Mailing Address 10534 Colby Canyon Dr
City: Highlands Ranch | State: CO | Zip Code: 80129-5453
FEC ID number of 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: 09 / 18 / 2015
Transaction ID : 38595595
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) ▶

Image# 201510159002911716

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Diana Powell Barnett

Mailing Address 3359 Timber Run Dr

City: Columbus | State: OH | Zip Code: 43204-4119

FEC ID number of 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: 09 / 18 / 2015

Transaction ID : 38595596

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
DR Mike E Todd

Mailing Address 15 Huntington Rd

City: Augusta | State: KS | Zip Code: 67010-2320

FEC ID number of 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: 09 / 18 / 2015

Transaction ID : 38595597

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
DR Larry Don Coon

Mailing Address 1011 Senate Loop

City: Fairbanks | State: AK | Zip Code: 99712-1129

FEC ID number of 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: 09 / 18 / 2015

Transaction ID : 38595598

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

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

A. Full Name (Last, First, Middle Initial)
Dr. David W Wineland
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 ▼: 1145.25

Date of Receipt: 09 / 18 / 2015
Transaction ID : 38595601
Amount of Each Receipt this Period: 127.25

B. Full Name (Last, First, Middle Initial)
Dr. Rose Marie Betz
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 ▼: 800.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : 38595605
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Dr. Dorothy L Hitchmoth
Mailing Address PO Box 302
City: New London | State: NH | Zip Code: 03257-0302
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 792.00

Date of Receipt: 09 / 18 / 2015
Transaction ID : 38595606
Amount of Each Receipt this Period: 88.00

SUBTOTAL of Receipts This Page (optional) ▶ 315.25

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

Image# 201510159002911718

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Lawrence H Kessler

Mailing Address 1514 W Charles St

City: Champaign | State: IL | Zip Code: 61821-4427

FEC ID number of 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: 09 / 18 / 2015

Transaction ID : 38595607

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Dr. Dana A Cocke

Mailing Address 5625 N 45th St

City: Tacoma | State: WA | Zip Code: 98407-2808

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 363.68

Date of Receipt: 09 / 24 / 2015

Transaction ID : 38595663

Amount of Each Receipt this Period: 45.46

C. Full Name (Last, First, Middle Initial)
Dr. Kimberly D Ocampo

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 ▼: 350.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : 38595664

Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 145.46

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Shira L Pipkin
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 ▼: 225.00

Date of Receipt: 09 / 24 / 2015
Transaction ID : 38595665
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Dr. Dori M Carlson
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 ▼: 1500.03

Date of Receipt: 09 / 24 / 2015
Transaction ID : 38595667
Amount of Each Receipt this Period: 166.67

C. Full Name (Last, First, Middle Initial)
Dr. Douglas Curtis Clark
Mailing Address 2530 Woodfern Cir
City: Birmingham | State: AL | Zip Code: 35244-6405
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 800.00

Date of Receipt: 09 / 24 / 2015
Transaction ID : 38595668
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 291.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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 ▼: 378.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : 38595672

Amount of Each Receipt this Period: 42.00

B. Full Name (Last, First, Middle Initial)
Dr. Paul L Gustafson

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 ▼: 405.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : 38595673

Amount of Each Receipt this Period: 45.00

C. Full Name (Last, First, Middle Initial)
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 ▼: 327.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : 38595674

Amount of Each Receipt this Period: 17.00

SUBTOTAL of Receipts This Page (optional) ▶ 104.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Deanna Swafford Alexander

Mailing Address 4127 Cedargate Dr

City: Fort Collins | State: CO | Zip Code: 80526-3386

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1250.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : 38595675

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Mr. William A Howe

Mailing Address 2415 K St

City: Sacramento | State: CA | Zip Code: 95816-5001

FEC ID number of contributing federal political committee: C

Name of Employer: California Optometric Assn

Occupation: Executive Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 750.00

Date of Receipt: 09 / 24 / 2015

Transaction ID : 38596076

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Scott Lehman

Mailing Address 365 W Franklin St

City: Berne | State: IN | Zip Code: 46711-2133

FEC ID number of 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: 09 / 21 / 2015

Transaction ID : 38596147

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

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

Image# 201510159002911722

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Edward Melman

Mailing Address 425 BARBY LN

City: CHERRY HILL | State: NJ | Zip Code: 08003-3447

FEC ID number of 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: 09 / 21 / 2015

Transaction ID : 38596148

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
DR Patrick J Pirotte

Mailing Address 12209 W Ridgepoint Ct

City: Wichita | State: KS | Zip Code: 67235-9747

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: 09 / 21 / 2015

Transaction ID : 38596149

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Reid K Saito

Mailing Address 99-537 Kahilinai Pl

City: Aiea | State: HI | Zip Code: 96701-3536

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 ▼: 365.00

Date of Receipt: 09 / 21 / 2015

Transaction ID : 38596151

Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ▶ 1365.00

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

Image# 201510159002911723

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr Christy Lynn Warford

Mailing Address 3601 La Reforma Blvd

City: Baytown | State: TX | Zip Code: 77521-9175

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 ▼: 500.00

Date of Receipt: 09 / 21 / 2015

Transaction ID : 38596154

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Gene Calkins

Mailing Address 1150 W Capitol Dr Unit 47

City: San Pedro | State: CA | Zip Code: 90732-2269

FEC ID number of 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: 09 / 21 / 2015

Transaction ID : 38596156

Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. David L Farberow

Mailing Address 870 Calabasas Rd

City: Watsonville | State: CA | Zip Code: 95076-0418

FEC ID number of 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: 09 / 21 / 2015

Transaction ID : 38596158

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr Mark Nakano

Mailing Address 26446 BIRCHFIELD AVE

City: RCH PALOS VRD | State: CA | Zip Code: 90275-1724

FEC ID number of 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: 09 / 24 / 2015

Transaction ID : 38596312

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Gabrielle W Marshall

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 ▼: 450.00

Date of Receipt: 09 / 25 / 2015

Transaction ID : 38598029

Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
Dr. David G Durkee

Mailing Address 9600 Aberdeen Ct

City: Stanwood | State: MI | Zip Code: 49346-9382

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 09 / 25 / 2015

Transaction ID : 38598031

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 325.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Mr. Matthew B Willette
Mailing Address 1505 Prince Street, Ste. 300
City: Alexandria | State: VA | Zip Code: 22314-2874
FEC ID number of contributing federal political committee: C
Name of Employer: American Optometric Association
Occupation: Director Government Relations
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 248.00

Date of Receipt: 09 / 25 / 2015
Transaction ID : 38598033
Amount of Each Receipt this Period: 31.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael Ernest Heil
Mailing Address 25904 210th Ave SE
City: Maple Valley | State: WA | Zip Code: 98038-7530
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1180.00

Date of Receipt: 09 / 25 / 2015
Transaction ID : 38598034
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Dr. Markus I Barth
Mailing Address 1346 Heller Dr
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: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 375.03

Date of Receipt: 09 / 25 / 2015
Transaction ID : 38598035
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 102.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Gregory A Caldwell
Mailing Address 225 Terrace Dr
City: Lilly | State: PA | Zip Code: 15938-5819
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1500.03

Date of Receipt: 09 / 25 / 2015
Transaction ID : 38598036
Amount of Each Receipt this Period: 166.67

B. Full Name (Last, First, Middle Initial)
Dr. Lance W Fagan
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 ▼: 429.00

Date of Receipt: 09 / 25 / 2015
Transaction ID : 38598037
Amount of Each Receipt this Period: 31.00

C. Full Name (Last, First, Middle Initial)
Dr. Mario Joseph Contaldi
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 ▼: 818.19

Date of Receipt: 09 / 25 / 2015
Transaction ID : 38598038
Amount of Each Receipt this Period: 90.91

SUBTOTAL of Receipts This Page (optional) ▶ 288.58

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Rustin M Hatch
Mailing Address 1425 Evergreen Dr
City: Twin Falls | State: ID | Zip Code: 83301-3423
FEC ID number of 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: 09 / 25 / 2015
Transaction ID : 38598039
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey A Gonnason
Mailing Address 6721 Gloucester Pl
City: Anchorage | State: AK | Zip Code: 99504-3343
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 756.00

Date of Receipt: 09 / 25 / 2015
Transaction ID : 38598040
Amount of Each Receipt this Period: 84.00

C. Full Name (Last, First, Middle Initial)
Dr. Frederick P Darin
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 ▼: 750.06

Date of Receipt: 09 / 25 / 2015
Transaction ID : 38598042
Amount of Each Receipt this Period: 83.34

SUBTOTAL of Receipts This Page (optional) ▶ 217.34

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Daniel M Bowersox

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: 09 / 24 / 2015

Transaction ID : 38598060

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. James H Bell

Mailing Address 3519 Cherokee Rd

City: Cody | State: WY | Zip Code: 82414-8435

FEC ID number of 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: 09 / 25 / 2015

Transaction ID : 38598479

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey S Pelson

Mailing Address 2202 SE Linden Ln

City: Grants Pass | State: OR | Zip Code: 97527-5293

FEC ID number of 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: 09 / 26 / 2015

Transaction ID : 38601187

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 850.00

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Randy Bryan Carter
Mailing Address 2 Longwood Ln
City: Sandy | State: UT | Zip Code: 84092-4856
FEC ID number of 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: 09 / 26 / 2015
Transaction ID : 38601191
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey M Anastasio
Mailing Address 13223 Latino Ln
City: Folsom | State: LA | Zip Code: 70437-3412
FEC ID number of 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: 09 / 26 / 2015
Transaction ID : 38601194
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Ron Lee Benner
Mailing Address 1408 E Maryland Ln
City: Laurel | State: MT | Zip Code: 59044-2238
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1500.03

Date of Receipt: 09 / 26 / 2015
Transaction ID : 38601197
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) ▶

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

A. Full Name (Last, First, Middle Initial)
Dr. Daniel Dawson Coyle

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 ▼: 375.00

Date of Receipt: 09 / 26 / 2015

Transaction ID : 38601198

Amount of Each Receipt this Period: 125.00

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

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 ▼: 245.00

Date of Receipt: 09 / 26 / 2015

Transaction ID : 38601199

Amount of Each Receipt this Period: 30.00

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

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 ▼: 1522.80

Date of Receipt: 09 / 26 / 2015

Transaction ID : 38601200

Amount of Each Receipt this Period: 159.10

SUBTOTAL of Receipts This Page (optional) ▶ 314.10

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

Image# 201510159002911731

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

A. Full Name (Last, First, Middle Initial)
Dr. Rebecca H Wartman
Mailing Address 46 Lambeth Walk
City: Fairview | State: NC | Zip Code: 28730-7721
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1800.00

Date of Receipt: 09 / 26 / 2015
Transaction ID : 38601201
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Dr. Paul Bruderer
Mailing Address 385 Miller Way
City: Farmington | State: UT | Zip Code: 84025-4508
FEC ID number of 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: 09 / 26 / 2015
Transaction ID : 38601203
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeff Seeholzer
Mailing Address 996 Sunset Rdg
City: Logan | State: UT | Zip Code: 84321-4966
FEC ID number of 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: 09 / 26 / 2015
Transaction ID : 38601205
Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ▶ 355.00

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

Image# 201510159002911732

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

A. Full Name (Last, First, Middle Initial)
Dr. MaryJane Healey
Mailing Address 6710 124th Pl SE
City: Snohomish | State: WA | Zip Code: 98296-8649
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1800.00

Date of Receipt: 09 / 27 / 2015
Transaction ID : 38601209
Amount of Each Receipt this Period: 200.00

B. Full Name (Last, First, Middle Initial)
Dr. Douglas A Safley
Mailing Address 700 1st Ave
City: Havre | State: MT | Zip Code: 59501-4402
FEC ID number of 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: 09 / 27 / 2015
Transaction ID : 38601210
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael J Veliky
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 ▼: 250.00

Date of Receipt: 09 / 27 / 2015
Transaction ID : 38601211
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 280.00

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Rob Pate
Mailing Address 1111 Hardwood Cove Rd
City: Birmingham | State: AL | Zip Code: 35242-7053
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 373.36

Date of Receipt: 09 / 27 / 2015
Transaction ID : 38601213
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Dr. Jared P Walker
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 ▼: 247.50

Date of Receipt: 09 / 27 / 2015
Transaction ID : 38601215
Amount of Each Receipt this Period: 37.50

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey W Jones
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 ▼: 900.00

Date of Receipt: 09 / 27 / 2015
Transaction ID : 38601216
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 179.17

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Leon Michael Favede
Mailing Address 250 Harbel Dr
City: St Clairsvle | State: OH | Zip Code: 43950-1081
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 378.00

Date of Receipt: 09 / 27 / 2015
Transaction ID : 38601217
Amount of Each Receipt this Period: 126.00

B. Full Name (Last, First, Middle Initial)
Dr. Gary P Walker
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 ▼: 247.50

Date of Receipt: 09 / 27 / 2015
Transaction ID : 38601218
Amount of Each Receipt this Period: 37.50

C. Full Name (Last, First, Middle Initial)
Dr. Mark R Lee
Mailing Address PO Box 184
City: Blue Diamond | State: NV | Zip Code: 89004-0184
FEC ID number of 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: 09 / 27 / 2015
Transaction ID : 38601219
Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ▶ 208.50

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. David S Hays
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 ▼: 756.00

Date of Receipt: 09 / 27 / 2015
Transaction ID : 38601220
Amount of Each Receipt this Period: 84.00

B. Full Name (Last, First, Middle Initial)
Dr. James P DeVleming
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 ▼: 1503.00

Date of Receipt: 09 / 27 / 2015
Transaction ID : 38601221
Amount of Each Receipt this Period: 167.00

C. Full Name (Last, First, Middle Initial)
Dr. Stevin Robert Minie
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 ▼: 765.00

Date of Receipt: 09 / 27 / 2015
Transaction ID : 38601222
Amount of Each Receipt this Period: 85.00

SUBTOTAL of Receipts This Page (optional) ▶ 336.00

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

Image# 201510159002911736

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Brian D Cin

Mailing Address 17346 Alice Loop

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: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 27 / 2015

Transaction ID : 38601223

Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Dr. Teresa M Seim

Mailing Address 75388 Vineyard Way

City: Lawton | State: MI | Zip Code: 49065-8609

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 ▼ 350.00

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601230

Amount of Each Receipt this Period: 50.00

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

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 ▼ 395.01

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601231

Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ▶ 145.00

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

A. Full Name (Last, First, Middle Initial)
Dr. Paul A Hodge
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 ▼: 450.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601232
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Myers
Mailing Address PO Box 116
City: Groveport | State: OH | Zip Code: 43125-0116
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 378.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601233
Amount of Each Receipt this Period: 42.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert A Sorensen
Mailing Address 8445 N Government Way
City: Hayden | State: ID | Zip Code: 83835-9280
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 378.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601235
Amount of Each Receipt this Period: 126.00

SUBTOTAL of Receipts This Page (optional) ▶ 218.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Edwin Y Endo
Mailing Address 98-828 Hiliu Pl
City: Aiea | State: HI | Zip Code: 96701-2785
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 375.03
Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601236
Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Dr. Zoey K Loomis
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 ▼: 750.06
Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601238
Amount of Each Receipt this Period: 83.34

C. Full Name (Last, First, Middle Initial)
Dr. Diana W Gilbert
Mailing Address 8050 S Port Dr
City: West Chester | State: OH | Zip Code: 45069-9234
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 280.00
Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601239
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ 145.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Andrea P Thau
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 ▼: 1500.03

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601241
Amount of Each Receipt this Period: 166.67

B. Full Name (Last, First, Middle Initial)
Dr Michael Spanfelner
Mailing Address 136 Eagle Nest Dr
City: Chico | State: CA | Zip Code: 95928-8344
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601245
Amount of Each Receipt this Period: 75.00

C. Full Name (Last, First, Middle Initial)
Ms. Cindy A Schnetzler
Mailing Address 530 W Ionia St Ste A
City: Lansing | State: MI | Zip Code: 48933-1062
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601247
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 266.67

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Jason C Koschmeder
Mailing Address 316 Hermosa Dr SE
City: Albuquerque | State: NM | Zip Code: 87108-2614
FEC ID number of 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: 09 / 28 / 2015
Transaction ID : 38601248
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Dr. Carey A Patrick
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 ▼: 900.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601250
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Dr. Richard Joseph Gelbuda
Mailing Address Rr 4
City: Ottawa | State: IL | Zip Code: 61350
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 337.50

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601251
Amount of Each Receipt this Period: 37.50

SUBTOTAL of Receipts This Page (optional) ▶ 187.50

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

Image# 201510159002911741

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Shannon C Franklin

Mailing Address 427 Cranberry Ln

City: Crozet | State: VA | Zip Code: 22932-3160

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 333.54

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601252

Amount of Each Receipt this Period: 37.06

B. Full Name (Last, First, Middle Initial)
Dr. Mira B Swiecicki

Mailing Address 664 Clark Rd

City: Bellingham | State: WA | Zip Code: 98225-7842

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1503.00

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601253

Amount of Each Receipt this Period: 167.00

C. Full Name (Last, First, Middle Initial)
Dr. Paul Zerbinopoulos

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 ▼: 273.78

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601254

Amount of Each Receipt this Period: 30.42

SUBTOTAL of Receipts This Page (optional) ▶ 234.48

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Lanny F Duclos JR
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 ▼: 450.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601256
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Dr. Craig C Hyre
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 ▼: 270.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601257
Amount of Each Receipt this Period: 30.00

C. Full Name (Last, First, Middle Initial)
Dr. Steven A Rocchi
Mailing Address 66 Palermo Dr
City: Oroville | State: CA | Zip Code: 95966-9240
FEC ID number of 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: 09 / 28 / 2015
Transaction ID : 38601258
Amount of Each Receipt this Period: 125.00

SUBTOTAL of Receipts This Page (optional) ▶ 205.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Paul Schroeder
Mailing Address 616 12th St SW
City: Le Mars | State: IA | Zip Code: 51031-2265
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601259
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael Leslie Weeden
Mailing Address 2701 Gaines Rd
City: Corinth | State: MS | Zip Code: 38834-5929
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1800.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601262
Amount of Each Receipt this Period: 200.00

C. Full Name (Last, First, Middle Initial)
Dr. Maria Santullo Richman
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 ▼: 375.03

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601263
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 266.67

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

Image# 201510159002911744

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Harvey B Richman

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 ▼: 375.03

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601264

Amount of Each Receipt this Period: 41.67

B. Full Name (Last, First, Middle Initial)
Dr. Matthew A Kelleman

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 ▼: 900.00

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601265

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Dr. Jack Sol Mermelstein

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 ▼: 225.00

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601266

Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 166.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert Sholomon
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 ▼: 225.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601267
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
Dr. Lesley J Kraus
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 ▼: 225.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601268
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
Dr. Vincent W Brandys JR
Mailing Address 1833 Wildberry Dr Unit A
City: Glenview | State: IL | Zip Code: 60025-1736
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 315.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601269
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

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

A. Full Name (Last, First, Middle Initial)
Dr. HarryJohn Panaretos
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 ▼: 225.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601270
Amount of Each Receipt this Period: 25.00

B. Full Name (Last, First, Middle Initial)
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 ▼: 225.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601271
Amount of Each Receipt this Period: 25.00

C. Full Name (Last, First, Middle Initial)
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 ▼: 225.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601272
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) ▶

Image# 201510159002911747

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Sean Michael Stevens
Mailing Address 1101 River Rd
City: Woodruff | State: SC | Zip Code: 29388-8402
FEC ID number of 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: 09 / 28 / 2015
Transaction ID : 38601273
Amount of Each Receipt this Period: 125.00

B. Full Name (Last, First, Middle Initial)
Dr. James R Davis
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 ▼: 405.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601275
Amount of Each Receipt this Period: 45.00

C. Full Name (Last, First, Middle Initial)
Dr. Neil Draisin
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 ▼: 375.03

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601276
Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 211.67

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

Image# 201510159002911748

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Dr. Jeremy M Durham
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 ▼: 450.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601277
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial)
Dr. Sarah C Gordon
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 ▼: 450.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601278
Amount of Each Receipt this Period: 50.00

C.
Full Name (Last, First, Middle Initial)
Dr. Alisha J Heaton
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 ▼: 270.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601279
Amount of Each Receipt this Period: 30.00

SUBTOTAL of Receipts This Page (optional) ▶ 130.00

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

Image# 201510159002911749

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Michael John Kruger
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 ▼: 215.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601280
Amount of Each Receipt this Period: 31.00

B. Full Name (Last, First, Middle Initial)
Dr. Jared E Birch
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 ▼: 270.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601281
Amount of Each Receipt this Period: 90.00

C. Full Name (Last, First, Middle Initial)
Dr. Mary Anne C Murphy
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 ▼: 225.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601282
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 146.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Scott L Nehring
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 ▼: 378.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601283
Amount of Each Receipt this Period: 42.00

B. Full Name (Last, First, Middle Initial)
Dr. Kevin Gee
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 ▼: 1500.03

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601284
Amount of Each Receipt this Period: 166.67

C. Full Name (Last, First, Middle Initial)
Dr. Ryan Powell
Mailing Address 8030 N Caldwell Ave
City: Kansas City | State: MO | Zip Code: 64152-1608
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601285
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

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

A. Full Name (Last, First, Middle Initial)
Dr. Dirk Schrotenboer
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 ▼: 900.00
Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601286
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Dr. Robert Craig Janot
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 ▼: 375.03
Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601287
Amount of Each Receipt this Period: 41.67

C. Full Name (Last, First, Middle Initial)
Dr. Kristofer K Thornton
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 ▼: 450.00
Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601288
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 191.67

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

Image# 201510159002911752

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

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

A. Full Name (Last, First, Middle Initial)
Dr. Movses D'Janbatian

Mailing Address 330 N Brand Blvd Ste 110

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: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1500.00

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601289

Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeff A Hayden

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 ▼: 800.00

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601290

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Dr. Barry J Jose

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 ▼: 375.03

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601292

Amount of Each Receipt this Period: 41.67

SUBTOTAL of Receipts This Page (optional) ▶ 641.67

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

Image# 201510159002911753

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

A. Full Name (Last, First, Middle Initial)
Dr. Rodney D Fair

Mailing Address 1169 Coneflower Way

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: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 375.03

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601293

Amount of Each Receipt this Period: 41.67

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

Mailing Address 50 Cedar Hill Rd Ne

City: Albuquerque | State: NM | Zip Code: 87122-1928

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1500.03

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601294

Amount of Each Receipt this Period: 166.67

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

Mailing Address 1445 Prospect Ave Unit D

City: Placentia | State: CA | Zip Code: 92870-3816

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1500.03

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601295

Amount of Each Receipt this Period: 166.67

SUBTOTAL of Receipts This Page (optional) ▶ 375.01

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

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

A. Full Name (Last, First, Middle Initial)
Dr. Mitchell Todd Munson
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 ▼: 1502.46
Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601296
Amount of Each Receipt this Period: 166.94

B. Full Name (Last, First, Middle Initial)
Dr. Curtis A Ono
Mailing Address 822 W Barrett St
City: Seattle | State: WA | Zip Code: 98119-1829
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1437.90
Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601297
Amount of Each Receipt this Period: 187.38

C. Full Name (Last, First, Middle Initial)
Dr. Gilbert Pierce
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 ▼: 405.00
Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601298
Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ▶ 399.32

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

Image# 201510159002911755

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. William Thomas Reynolds Jr.

Mailing Address 200 La Rose Ct

City: Richmond | State: KY | Zip Code: 40475-7855

FEC ID number of contributing federal political committee: C

Name of Employer: Self Employed

Occupation: Doctor of Optometry

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 1500.03

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601299

Amount of Each Receipt this Period: 166.67

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

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 ▼: 274.50

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601301

Amount of Each Receipt this Period: 30.50

C. Full Name (Last, First, Middle Initial)
Dr. Diane E Reddin

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 ▼: 900.00

Date of Receipt: 09 / 28 / 2015

Transaction ID : 38601302

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 297.17

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Robert J Parks
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 ▼: 281.25

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601303
Amount of Each Receipt this Period: 31.25

B. Full Name (Last, First, Middle Initial)
Dr. Steven Thomas Reed
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 ▼: 810.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601304
Amount of Each Receipt this Period: 90.00

C. Full Name (Last, First, Middle Initial)
Dr. Chris R Fields
Mailing Address 410 Miracle Mile Suite 13
City: Lebanon | State: NH | Zip Code: 03766-2639
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1503.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601305
Amount of Each Receipt this Period: 167.00

SUBTOTAL of Receipts This Page (optional) ▶ 288.25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. Benjamin D Crawford
Mailing Address 1840 Kuskokwim St
City: Anchorage | State: AK | Zip Code: 99508-3230
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 700.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601306
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Dr. Peter H Kehoe
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 ▼: 1575.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601312
Amount of Each Receipt this Period: 175.00

C. Full Name (Last, First, Middle Initial)
Dr. Chad E Klein
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 ▼: 225.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601313
Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Dr. George N Eischens
Mailing Address 810 Wynwood Dr
City: Prattville | State: AL | Zip Code: 36067-2013
FEC ID number of 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: 09 / 28 / 2015
Transaction ID : 38601315
Amount of Each Receipt this Period: 45.00

B. Full Name (Last, First, Middle Initial)
Dr. Christopher L Eddy
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 ▼: 756.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601316
Amount of Each Receipt this Period: 84.00

C. Full Name (Last, First, Middle Initial)
Dr. Bruce Manning
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 ▼: 279.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601317
Amount of Each Receipt this Period: 31.00

SUBTOTAL of Receipts This Page (optional) ▶ 160.00

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

Image# 201510159002911759

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)
☒ 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. Donald B Leach
Mailing Address PO Box 129
City: Los Lunas | State: NM | Zip Code: 87031-0129
FEC ID number of 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: 09 / 28 / 2015
Transaction ID : 38601319
Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
Dr. Brenden R White
Mailing Address 864 E Ranch Cir
City: Draper | State: UT | Zip Code: 84020-9011
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Doctor of Optometry
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 650.00

Date of Receipt: 09 / 28 / 2015
Transaction ID : 38601321
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
Dr. James L Haines
Mailing Address 7950 Hunt Club Rd
City: Zionsville | State: IN | Zip Code: 46077-8779
FEC ID number of 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: 09 / 25 / 2015
Transaction ID : 38601348
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) ▶

Image# 201510159002911760

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)
☒ 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. Nicholas J Garn

Mailing Address 3607 Mossy Rock Dr

City: Zionsville | State: IN | Zip Code: 46077-5502

FEC ID number of 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: 09 / 25 / 2015

Transaction ID : 38601349

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Anne F Meccariello

Mailing Address 9415 Onion Patch Dr

City: Burke | State: VA | Zip Code: 22015-4508

FEC ID number of 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: 09 / 28 / 2015

Transaction ID : 38601833

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Craig Kevin Small

Mailing Address 16 Teague St

City: Caribou | State: ME | Zip Code: 04736-2729

FEC ID number of 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: 09 / 28 / 2015

Transaction ID : 38601834

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)
☒ 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 John Mullins
Mailing Address 599 BUCKHEAD
City: AVON LAKE | State: OH | Zip Code: 44012-2364
FEC ID number of 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: 09 / 28 / 2015
Transaction ID : 38601838
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial)
Dr. Erika L Fisher
Mailing Address 1197 Wedgewood Rd
City: Saint Johns | State: FL | Zip Code: 32259-9011
FEC ID number of 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: 09 / 03 / 2015
Transaction ID : 38643734
Amount of Each Receipt this Period: 0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling $500.00 This changes the YTD Total to $500.00

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer
Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

TOTAL This Period (last page this line number only) ▶ 48985.63

Image# 201510159002911762

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A. Full Name (Last, First, Middle Initial)
Membership Marketing Services, Inc.

Mailing Address 1280 Perimeter Parkway

City: Virginia Beach | State: VA | Zip Code: 23454

Purpose of Disbursement: Fundraising Services

Candidate Name:

Category/Type: 003

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 28 / 2015

Transaction ID : 38601650

Amount of Each Disbursement this Period: 70000.00

Fundraising Services

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

Mailing Address 1650 Tyson Blvd.

City: McLean | State: VA | Zip Code: 22102

Purpose of Disbursement: Bank Fees

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 11 / 2015

Transaction ID : 38606905

Amount of Each Disbursement this Period: 833.94

Bank Fees

C. Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address PO Box 790251

City: St. Louis | State: MO | Zip Code: 63179

Purpose of Disbursement: Visa/Master Card Fees

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 02 / 2015

Transaction ID : 38609161

Amount of Each Disbursement this Period: 1354.19

Visa/Master Card Fees

SUBTOTAL of Disbursements This Page (optional) ▶ 72188.13

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial)
Bank of America
Mailing Address PO Box 790251
City: St. Louis | State: MO | Zip Code: 63179
Purpose of Disbursement: AE Fees
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 08 / 2015
Transaction ID : 38609162
Amount of Each Disbursement this Period: 203.19
AE Fees

B.
Full Name (Last, First, Middle Initial)
Bank of America
Mailing Address PO Box 790251
City: St. Louis | State: MO | Zip Code: 63179
Purpose of Disbursement: Bank Fees
Candidate Name
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 15 / 2015
Transaction ID : 38609163
Amount of Each Disbursement this Period: 106.02
Bank Fees

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 309.21

TOTAL This Period (last page this line number only) ▶ 72497.34

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Progressive Choices PAC
Mailing Address PO Box 58
City: Evanston | State: IL | Zip Code: 60204
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 01 / 2015
Transaction ID : 38521277
Amount of Each Disbursement this Period: 2500.00
Committee Contribution

B.
Full Name (Last, First, Middle Initial)
Johnson For Congress
Mailing Address PO Box 906
City: Marietta | State: OH | Zip Code: 45750
Purpose of Disbursement: Candidate Contribution
Category/Type: 011
Candidate Name: Rep. Bill Johnson
Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 06
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 01 / 2015
Transaction ID : 38521278
Amount of Each Disbursement this Period: 500.00
Candidate Contribution

C.
Full Name (Last, First, Middle Initial)
Johnson For Congress
Mailing Address PO Box 906
City: Marietta | State: OH | Zip Code: 45750
Purpose of Disbursement: Candidate Contribution
Category/Type: 011
Candidate Name: Rep. Bill Johnson
Office Sought: [X] House [ ] Senate [ ] President
State: OH District: 06
Disbursement For: 2016 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 09 / 01 / 2015
Transaction ID : 38521279
Amount of Each Disbursement this Period: 500.00
Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial)
Castor For Congress

Mailing Address 301 W Platt Street, #385

City: Tampa | State: FL | Zip Code: 33606

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. Kathy Castor

Office Sought: [X] House [ ] Senate [ ] President

State: FL District: 14

Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 01 / 2015

Transaction ID : 38521280

Amount of Each Disbursement this Period: 5000.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Crenshaw For Congress Campaign

Mailing Address 7235 Bonneval Road
Suite 219

City: Jacksonville | State: FL | Zip Code: 32256

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. Ander Crenshaw

Office Sought: [X] House [ ] Senate [ ] President

State: FL District: 04

Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 01 / 2015

Transaction ID : 38521282

Amount of Each Disbursement this Period: 2500.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Langevin For Congress

Mailing Address 181a Knight Street

City: Warwick | State: RI | Zip Code: 02886

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. Jim R. Langevin

Office Sought: [X] House [ ] Senate [ ] President

State: RI District: 02

Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 03 / 2015

Transaction ID : 38522958

Amount of Each Disbursement this Period: 1000.00

Candidate 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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Montanans For Tester
Mailing Address PO Box 1135
City: Helena | State: MT | Zip Code: 59624
Purpose of Disbursement: Candidate Contribution
Category/Type: 011
Candidate Name: Sen. Jon Tester
Office Sought: [ ] House [X] Senate [ ] President
State: MT District:
Disbursement For: 2018
[X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 09 / 2015
Transaction ID : 38534031
Amount of Each Disbursement this Period: 1000.00
Candidate Contribution

B.
Full Name (Last, First, Middle Initial)
Steve Daines For Montana
Mailing Address PO Box 1598
City: Helena | State: MT | Zip Code: 59624
Purpose of Disbursement: Candidate Contribution
Category/Type: 011
Candidate Name: Sen. Steve Daines
Office Sought: [X] House [ ] Senate [ ] President
State: MT District: 02
Disbursement For: 2020
[X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 09 / 2015
Transaction ID : 38534034
Amount of Each Disbursement this Period: 1000.00
Candidate Contribution

C.
Full Name (Last, First, Middle Initial)
Coffman For Congress
Mailing Address 9249 South Broadway #200-501
City: Highlands Ranch | State: CO | Zip Code: 80129
Purpose of Disbursement: Candidate Contribution
Category/Type: 011
Candidate Name: Rep. Mike Coffman
Office Sought: [X] House [ ] Senate [ ] President
State: CO District: 06
Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 16 / 2015
Transaction ID : 38561533
Amount of Each Disbursement this Period: 1000.00
Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial)
Cramer For Congress

Mailing Address PO Box 396

City: Bismarck | State: ND | Zip Code: 58502

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. Kevin J. Cramer

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)

State: ND District: 00

Date of Disbursement: 09 / 16 / 2015

Transaction ID : 38561535

Amount of Each Disbursement this Period: 1500.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Mike Bost For Congress Committee

Mailing Address PO Box 1212

City: Murphysboro | State: IL | Zip Code: 62966

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. Mike Bost

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)

State: IL District: 12

Date of Disbursement: 09 / 16 / 2015

Transaction ID : 38561536

Amount of Each Disbursement this Period: 2500.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Ryan Costello For Congress

Mailing Address PO Box 3154

City: West Chester | State: PA | Zip Code: 19381

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. Ryan Costello

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)

State: PA District: 06

Date of Disbursement: 09 / 16 / 2015

Transaction ID : 38561537

Amount of Each Disbursement this Period: 2500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 6500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial)
Dold For Congress

Mailing Address PO Box 6312

City: Libertyville | State: IL | Zip Code: 60048

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. Bob Dold Jr.

Office Sought: [X] House [ ] Senate [ ] President

State: IL District: 10

Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 16 / 2015

Transaction ID : 38561538

Amount of Each Disbursement this Period: 2500.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Chuck Fleischmann For Congress Committee, Inc.

Mailing Address P.O. Box 11091

City: Chattanooga | State: TN | Zip Code: 37401

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. Chuck J. Fleischmann

Office Sought: [X] House [ ] Senate [ ] President

State: TN District: 03

Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 16 / 2015

Transaction ID : 38561539

Amount of Each Disbursement this Period: 1500.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Katko For Congress

Mailing Address PO Box 133

City: Camillus | State: NY | Zip Code: 13031

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. John Katko

Office Sought: [X] House [ ] Senate [ ] President

State: NY District: 24

Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 16 / 2015

Transaction ID : 38561541

Amount of Each Disbursement this Period: 2000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

Image# 201510159002911769

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial)
Ratcliffe For Congress

Mailing Address 2931 Ridge Road, Suite 101
Pmb #217

City: Rockwall | State: TX | Zip Code: 75032

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. John Ratcliffe

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)

State: TX District: 04

Date of Disbursement: 09 / 16 / 2015

Transaction ID : 38561542

Amount of Each Disbursement this Period: 1500.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Zeldin For Congress

Mailing Address 47 Flintlock Drive

City: Shirley | State: NY | Zip Code: 11967

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. Lee M Zeldin

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)

State: NY District: 01

Date of Disbursement: 09 / 16 / 2015

Transaction ID : 38561543

Amount of Each Disbursement this Period: 2500.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
Citizens For Boyle

Mailing Address 499 S. Capitol St. Sw
Suite 422

City: Washington | State: DC | Zip Code: 20003

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. Brendan F Boyle

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)

State: PA District: 13

Date of Disbursement: 09 / 17 / 2015

Transaction ID : 38570798

Amount of Each Disbursement this Period: 1000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial)
Martin Heinrich For Senate

Mailing Address P.O. Box 25763

City: Albuquerque | State: NM | Zip Code: 87125

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Sen. Martin T. Heinrich

Office Sought: [ ] House [X] Senate [ ] President
State: NM District:

Disbursement For: 2018
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 21 / 2015

Transaction ID : 38589130

Amount of Each Disbursement this Period: 2000.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
LOBO PAC

Mailing Address P.O. Box 492

City: Albuquerque | State: NM | Zip Code: 87103

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For:
[ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 21 / 2015

Transaction ID : 38589131

Amount of Each Disbursement this Period: 2000.00

Committee Contribution

C. Full Name (Last, First, Middle Initial)
Friends Of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City: New York | State: NY | Zip Code: 10016

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Sen. Charles E. Schumer

Office Sought: [ ] House [X] Senate [ ] President
State: NY District:

Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 28 / 2015

Transaction ID : 38601516

Amount of Each Disbursement this Period: 2000.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial)
Katherine Clark For Congress

Mailing Address PO Box 361
City Malden | State MA | Zip Code 02148

Purpose of Disbursement: Candidate Contribution
Category/Type: 011
Candidate Name: Rep. Katherine Clark

Office Sought: [X] House [ ] Senate [ ] President
State: MA District: 05

Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 28 / 2015

Transaction ID : 38601518

Amount of Each Disbursement this Period: 1000.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
The Fund for the Majority

Mailing Address 918 Pennsylvania Ave Se
City Washington | State DC | Zip Code 20003

Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 28 / 2015

Transaction ID : 38601520

Amount of Each Disbursement this Period: 1000.00

Committee Contribution

C. Full Name (Last, First, Middle Initial)
Kaine For Virginia

Mailing Address 1751 Potomac Greens Drive
City Alexandria | State VA | Zip Code 22314

Purpose of Disbursement: Candidate Contribution
Category/Type: 011
Candidate Name: Timothy Kaine

Office Sought: [ ] House [X] Senate [ ] President
State: VA District:

Disbursement For: 2018
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 28 / 2015

Transaction ID : 38601522

Amount of Each Disbursement this Period: 2500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Michael Burgess For Congress
Mailing Address PO Box 2334
City: Denton | State: TX | Zip Code: 76202
Purpose of Disbursement: Candidate Contribution
Category/Type: 011
Candidate Name: Rep. Michael C. Burgess M.D.
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 26
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 28 / 2015
Transaction ID : 38601654
Amount of Each Disbursement this Period: 1500.00
Candidate Contribution

B.
Full Name (Last, First, Middle Initial)
Michael Burgess For Congress
Mailing Address PO Box 2334
City: Denton | State: TX | Zip Code: 76202
Purpose of Disbursement: Void - Michael Burgess For Congress
Category/Type: 011
Candidate Name: Rep. Michael C. Burgess M.D.
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 26
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 30 / 2015
Transaction ID : 38605453
Amount of Each Disbursement this Period: -1500.00
Void - Michael Burgess For Congress

C.
Full Name (Last, First, Middle Initial)
Michael Burgess For Congress
Mailing Address PO Box 2334
City: Denton | State: TX | Zip Code: 76202
Purpose of Disbursement: Candidate Contribution
Category/Type: 011
Candidate Name: Rep. Michael C. Burgess M.D.
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 26
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 30 / 2015
Transaction ID : 38605455
Amount of Each Disbursement this Period: 1500.00
Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial)
Mark Takai For Congress

Mailing Address PO Box 2267

City: Pearl City | State: HI | Zip Code: 96782

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Kyle Takai

Office Sought: [X] House [ ] Senate [ ] President

State: HI District: 01

Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : 38605456

Amount of Each Disbursement this Period: 1000.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Luke Messer For Congress

Mailing Address PO Box 917

City: Shelbyville | State: IN | Zip Code: 46176

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. Luke Messer

Office Sought: [X] House [ ] Senate [ ] President

State: IN District: 06

Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : 38605457

Amount of Each Disbursement this Period: 1000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
People For Derek Kilmer

Mailing Address PO Box 1381

City: Tacoma | State: WA | Zip Code: 98402

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Derek Kilmer

Office Sought: [X] House [ ] Senate [ ] President

State: WA District: 06

Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: M M 09 / D D 30 / Y Y Y Y 2015

Transaction ID : 38605458

Amount of Each Disbursement this Period: 2500.00

Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Kuster For Congress, Inc.
Mailing Address P.O. Box 1498
City: Concord | State: NH | Zip Code: 03302
Purpose of Disbursement: Candidate Contribution
Category/Type: 011
Candidate Name: Rep. Ann McLane Kuster
Office Sought: [X] House [ ] Senate [ ] President
State: NH District: 02
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 30 / 2015
Transaction ID : 38605459
Amount of Each Disbursement this Period: 2500.00
Candidate Contribution

B.
Full Name (Last, First, Middle Initial)
Blue Dog PAC
Mailing Address 227 Massachusetts Avenue, N.E. Suite 101
City: Washington | State: DC | Zip Code: 20002
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 30 / 2015
Transaction ID : 38605460
Amount of Each Disbursement this Period: 5000.00
Committee Contribution

C.
Full Name (Last, First, Middle Initial)
Swalwell For Congress
Mailing Address P.O. Box 2847
City: Dublin | State: CA | Zip Code: 94568
Purpose of Disbursement: Candidate Contribution
Category/Type: 011
Candidate Name: Rep. Eric M. Swalwell
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 15
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 30 / 2015
Transaction ID : 38605461
Amount of Each Disbursement this Period: 2000.00
Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 9500.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
American Optometric Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mcnerney For Congress

Mailing Address P.O. Box 690371

City: Stockton | State: CA | Zip Code: 95269

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. Jerry McNerney

Office Sought: [X] House [ ] Senate [ ] President

State: CA District: 09

Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 30 / 2015

Transaction ID : 38605462

Amount of Each Disbursement this Period: 4000.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Norma Torres For Congress

Mailing Address 728 W Edna Place

City: Covina | State: CA | Zip Code: 91722

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Norma Torres

Office Sought: [X] House [ ] Senate [ ] President

State: CA District: 35

Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 30 / 2015

Transaction ID : 38605463

Amount of Each Disbursement this Period: 4000.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
LYNN PAC

Mailing Address P.O. BOX 1872

City: Topeka | State: KS | Zip Code: 66601

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name:

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For:
[ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 30 / 2015

Transaction ID : 38605465

Amount of Each Disbursement this Period: 2500.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 10500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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27 28a 28b 28c 29 30b

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

A.
Full Name (Last, First, Middle Initial)
Perlmutter For Congress
Mailing Address 3440 Youngfield Street #264
City: Wheat Ridge | State: CO | Zip Code: 80033
Purpose of Disbursement: Candidate Contribution
Category/Type: 011
Candidate Name: Rep. Edwin Perlmutter
Office Sought: [X] House [ ] Senate [ ] President
State: CO District: 07
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 30 / 2015
Transaction ID : 38605466
Amount of Each Disbursement this Period: 2500.00
Candidate Contribution

B.
Full Name (Last, First, Middle Initial)
Bill Foster For Congress
Mailing Address P.O. Box 9104
City: Aurora | State: IL | Zip Code: 60598
Purpose of Disbursement: Candidate Contribution
Category/Type: 011
Candidate Name: Rep. Bill Foster PhD
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 11
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 30 / 2015
Transaction ID : 38605467
Amount of Each Disbursement this Period: 2500.00
Candidate Contribution

C.
Full Name (Last, First, Middle Initial)
Pete Aguilar For Congress
Mailing Address PO Box 10954
City: San Bernardino | State: CA | Zip Code: 92423
Purpose of Disbursement: Candidate Contribution
Category/Type: 011
Candidate Name: Pete Aguilar
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 31
Disbursement For: 2016 [X] Primary [ ] General [ ] Other (specify)
Date of Disbursement: 09 / 30 / 2015
Transaction ID : 38605469
Amount of Each Disbursement this Period: 1000.00
Candidate Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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27 28a 28b 28c 29 30b

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

A. Full Name (Last, First, Middle Initial)
Diana Degette For Congress

Mailing Address P.O. Box 61337

City: Denver | State: CO | Zip Code: 80206

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. Diana DeGette

Office Sought: [X] House [ ] Senate [ ] President
State: CO District: 01

Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 30 / 2015

Transaction ID : 38605470

Amount of Each Disbursement this Period: 2500.00

Candidate Contribution

B. Full Name (Last, First, Middle Initial)
Friends Of Cheri Bustos

Mailing Address 1050 17th St Nw Ste 590

City: Washington | State: DC | Zip Code: 20036

Purpose of Disbursement: Candidate Contribution

Category/Type: 011

Candidate Name: Rep. Cheri Bustos

Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 17

Disbursement For: 2016
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 30 / 2015

Transaction ID : 38605471

Amount of Each Disbursement this Period: 2500.00

Candidate Contribution

C. Full Name (Last, First, Middle Initial)
MAPLE PAC

Mailing Address P.O. Box 5564

City: Burlington | State: VT | Zip Code: 05402

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name:

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For:
[ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 30 / 2015

Transaction ID : 38606737

Amount of Each Disbursement this Period: 2500.00

Committee Contribution

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶ 82500.00

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

A.
Full Name (Last, First, Middle Initial)
Dr. Erika L Fisher
Mailing Address 1197 Wedgewood Rd
City: Saint Johns | State: FL | Zip Code: 32259-9011
Purpose of Disbursement: Refund of Contribution from 082415
Candidate Name
Category/Type: 010
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: 09 / 03 / 2015
Transaction ID : 38522941
Amount of Each Disbursement this Period: 500.00
Refund of Contribution from 082415

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/Type
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶ 500.00