

**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

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00024968

3. IS THIS  
REPORT☒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)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ 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 M / D D D / Y Y 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 M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
06 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2014

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

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

Signature of Treasurer

Fred Dubrick O.D.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 15 2014

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
06 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2014</span>		<span style="border: 1px solid black; padding: 2px;">503410.42</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">490713.88</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">99047.11</span>	<span style="border: 1px solid black; padding: 2px;">522545.51</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">589760.99</span>	<span style="border: 1px solid black; padding: 2px;">1025955.93</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">101152.87</span>	<span style="border: 1px solid black; padding: 2px;">537347.81</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">488608.12</span>	<span style="border: 1px solid black; padding: 2px;">488608.12</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ 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)

Page 3

Write or Type Committee Name

American Optometric Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 06 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 06 / 30 / 2014
**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).....

67010.00

346119.17

(ii) Unitemized .....

32021.99

176286.08

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

99031.99

522405.25

(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) ..... ▶

99031.99

522405.25

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

15.12

140.26

## 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))..... ▶

99047.11

522545.51

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

99047.11

522545.51

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2602.87	91911.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2602.87	91911.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	98500.00	443500.00
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 .....	50.00	1936.77
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	50.00	1936.77
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	101152.87	537347.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	101152.87	537347.81

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	99031.99	522405.25
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	1936.77
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	98981.99	520468.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2602.87	91911.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2602.87	91911.04

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Paul Ajamian**

Mailing Address 245 Shadowbrook Dr

City State Zip Code  
 Roswell GA 30075-4600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
 06 / 01 / 2014

**Transaction ID : 37199046**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Paul Philippe Cote**

Mailing Address 18 Little Androscoggin Dr

City State Zip Code  
 Auburn ME 04210-8884

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

MM / DD / YYYY  
 06 / 02 / 2014

**Transaction ID : 37199062**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Dr Elizabeth Heaston Thompson**

Mailing Address 2426 MORENCY DR

City State Zip Code  
 RICHLAND WA 99352-5003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 06 / 02 / 2014

**Transaction ID : 37199225**

Amount of Each Receipt this Period

250.00

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

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

541.67

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 03 / 2014

Transaction ID : 37204552

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. Dr Trent P Thompson**

Mailing Address 2426 Morency Dr

City

Richland

State

WA

Zip Code

99352-5003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 03 / 2014

Transaction ID : 37204608

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Jarod R Wood**

Mailing Address 12170 J Ave

City

Iowa Falls

State

IA

Zip Code

50126-8808

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 04 / 2014

Transaction ID : 37207371

Amount of Each Receipt this Period

250.00

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

545.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Vincent J Mc Glone

Mailing Address 37 Butternut Ln

City

Basking Ridge

State

NJ

Zip Code

07920-3303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 05 / 2014

Transaction ID : 37207919

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr John F Insinga

Mailing Address 30 Clover Ln

City

Randolph

State

NJ

Zip Code

07869-4529

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 05 / 2014

Transaction ID : 37207920

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. Dr Donald W Furman

Mailing Address 855 11Th Street Pl

City

Garner

State

IA

Zip Code

50438-1847

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 05 / 2014

Transaction ID : 37207923

Amount of Each Receipt this Period

83.33

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

228.33

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



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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. 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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 05 / 2014

Transaction ID : 37207925

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. 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

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 06 / 2014

Transaction ID : 37208950

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. 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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 06 / 2014

Transaction ID : 37208951

Amount of Each Receipt this Period

35.00

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

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

585.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : 37208953

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Dr Michael E Hanen-Smith**

Mailing Address 241 Norman Ridge Dr

City

Bloomington

State

MN

Zip Code

55437-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 08 / 2014

Transaction ID : 37214751

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 09 / 2014

Transaction ID : 37214752

Amount of Each Receipt this Period

500.00

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

835.00

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

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

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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DR Suzanne Marienau Cardoza**

Mailing Address 516 E Ash Ave

City

Hanford

State

CA

Zip Code

93230-6806

FEC ID number of 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

06 / 05 / 2014

Transaction ID : 37221558

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Dr Alan Peaslee**

Mailing Address 4552 Tillman Bluff Rd

City

Valdosta

State

GA

Zip Code

31602-0851

FEC ID number of 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

06 / 05 / 2014

Transaction ID : 37221559

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Dr Lisa Dowling**

Mailing Address 29 Hickory Ln

City

Narrowsburg

State

NY

Zip Code

12764-5905

FEC ID number of 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

06 / 05 / 2014

Transaction ID : 37221562

Amount of Each Receipt this Period

200.00

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

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

930.00

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Steven Alan Miller**

Mailing Address 35228 La Flora Dr

City

Yucaipa

State

CA

Zip Code

92399-5120

FEC ID number of 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

06 / 05 / 2014

Transaction ID : 37221563

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

250.00

Date of Receipt

06 / 05 / 2014

Transaction ID : 37221567

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Dr Steven Arthur 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 ▼

1000.00

Date of Receipt

06 / 10 / 2014

Transaction ID : 37221579

Amount of Each Receipt this Period

200.00

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

475.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

909.10

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2014

Transaction ID : 37221580

Amount of Each Receipt this Period

181.82

Full Name (Last, First, Middle Initial)

**B. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2014

Transaction ID : 37221581

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Dr Adam P Parker**

Mailing Address 10800 Rimbey Ct

City

Glen Allen

State

VA

Zip Code

23060-6481

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 10 / 2014

Transaction ID : 37221587

Amount of Each Receipt this Period

83.33

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

365.15

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  
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FOR LINE NUMBER: PAGE 14 OF 113

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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

Full Name (Last, First, Middle Initial)

**A. Dr Chris Calaway**

Mailing Address 3419 SADDLEBORO DR

City

UNIONTOWN

State

OH

Zip Code

44685-7811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : 37221613

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Gwenda Renee' Gnadt**

Mailing Address 624 HAWKINS AVE

City

LK RONKONKOMA

State

NY

Zip Code

11779-2375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : 37221615

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr Mitchell Albers**

Mailing Address 1321 PRESTWICK PL

City

MAHTOMEDI

State

MN

Zip Code

55115-2859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 06 / 2014

Transaction ID : 37221643

Amount of Each Receipt this Period

500.00

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

1050.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Kenneth Whitten Best**

Mailing Address 21223 COUNTRY CLUB DR

City

CORNELIUS

State

NC

Zip Code

28031-6627

FEC ID number of 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

06 / 06 / 2014

Transaction ID : 37221645

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Suzanne D Scott**

Mailing Address 405 Se Derby St

City

Pullman

State

WA

Zip Code

99163-2221

FEC ID number of 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

06 / 06 / 2014

Transaction ID : 37221652

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr Susan Fisher**

Mailing Address 1285 Owen Pl

City

North Bellmore

State

NY

Zip Code

11710-2118

FEC ID number of 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

06 / 11 / 2014

Transaction ID : 37223920

Amount of Each Receipt this Period

150.00

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

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

700.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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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**

Full Name (Last, First, Middle Initial)

**A. Dr Robert M Theaker**

Mailing Address 12 Wyndemere Vale

City

Monterey

State

CA

Zip Code

93940-5811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 11 / 2014

Transaction ID : 37223921

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert Neal Williams Jr**

Mailing Address 1109 Links Rd

City

Myrtle Beach

State

SC

Zip Code

29575-5879

FEC ID number of 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

06 / 10 / 2014

Transaction ID : 37223928

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Paul Harvey**

Mailing Address 5486 Johnson Rd

City

Canandaigua

State

NY

Zip Code

14424-8332

FEC ID number of 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

06 / 10 / 2014

Transaction ID : 37223930

Amount of Each Receipt this Period

250.00

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

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

1250.00



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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Paul A Williams**

Mailing Address 4211 Alabaster Ln Se

City

Lacey

State

WA

Zip Code

98503-2191

FEC ID number of 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

06 / 10 / 2014

Transaction ID : 37223932

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Kenneth Stan Blum**

Mailing Address 61 Hampden Ln

City

Irrington

State

NY

Zip Code

10533-2424

FEC ID number of 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

06 / 10 / 2014

Transaction ID : 37223935

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Dr Patrick Fleming**

Mailing Address 149 Linwood Way

City

Martinsburg

State

WV

Zip Code

25403-1447

FEC ID number of 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

06 / 10 / 2014

Transaction ID : 37223939

Amount of Each Receipt this Period

300.00

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

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

915.00

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

Use separate schedule(s)  
for each category of the  
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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

Full Name (Last, First, Middle Initial)

**A. Dr Pamela Lundberg**

Mailing Address 8904 Thomas Higgs Ct

City State Zip Code  
 Toano VA 23168-9453

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 10 / 2014

Transaction ID : 37223941

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert Lyons**

Mailing Address 325 SANCTUARY WAY

City State Zip Code  
 WASHOE VALLEY NV 89704-8500

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 11 / 2014

Transaction ID : 37231019

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Daniel Dawson Coyle**

Mailing Address 310 Tea Farm Rd

City State Zip Code  
 Summerville SC 29483-4218

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 12 / 2014

Transaction ID : 37231024

Amount of Each Receipt this Period

125.00

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

675.00

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

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

Use separate schedule(s)  
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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

Full Name (Last, First, Middle Initial)

**A. Dr John 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

Transaction ID : 37231025

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

Transaction ID : 37231026

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Dr Allan J Hudson**

Mailing Address 1285 Ne Lynch Ave

City

Redmond

State

OR

Zip Code

97756-8233

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 11 / 2014

Transaction ID : 37231033

Amount of Each Receipt this Period

500.00

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

635.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 113

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Victoria L Mar**

Mailing Address 25 Dollar Pointe Ave

City

Las Vegas

State

NV

Zip Code

89148-2763

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 11 / 2014

Transaction ID : 37231034

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2014

Transaction ID : 37231443

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 13 / 2014

Transaction ID : 37231444

Amount of Each Receipt this Period

60.00

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

785.00

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Katherine J Witmeyer**

Mailing Address 2576 Arundel Ave.

City

Carlsbad

State

CA

Zip Code

92009-3066

FEC ID number of 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

06 / 13 / 2014

Transaction ID : 37232084

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Dr Sean David Mc Keown**

Mailing Address 27 Forest St

City

Groton

State

CT

Zip Code

06340-4913

FEC ID number of 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

06 / 13 / 2014

Transaction ID : 37232139

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Beth Ann Schramm**

Mailing Address 27 Forest St

City

Groton

State

CT

Zip Code

06340-4913

FEC ID number of 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

06 / 13 / 2014

Transaction ID : 37232147

Amount of Each Receipt this Period

500.00

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

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

1365.00

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr 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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37232197

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Douglas Arthur 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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 14 / 2014

Transaction ID : 37232552

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**c. Dr Zachary Steele**

Mailing Address 5812 Carrington Lake Pkwy

City

Trussville

State

AL

Zip Code

35173-2890

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 14 / 2014

Transaction ID : 37232554

Amount of Each Receipt this Period

100.00

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

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

380.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 23 OF 113  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Mamie Cassandra Chan**

Mailing Address 13713 Vic Rd NE

City

Albuquerque

State

NM

Zip Code

87112-6602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2014

Transaction ID : 37232556

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Dr Tracie M King**

Mailing Address 1323 S Hanover St

City

Baltimore

State

MD

Zip Code

21230-4220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 14 / 2014

Transaction ID : 37232558

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Marsha Beach**

Mailing Address 652 CLOVERGLEN DR

City

GRAND JCT

State

CO

Zip Code

81504-5114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2014

Transaction ID : 37238772

Amount of Each Receipt this Period

50.00

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 24 OF 113

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Martin 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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2014

**Transaction ID : 37238773**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 15 / 2014

**Transaction ID : 37238774**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Dr Jeffrey 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 16 / 2014

**Transaction ID : 37244813**

Amount of Each Receipt this Period

50.00

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

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

350.00



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Sue 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.01

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 16 / 2014

Transaction ID : 37244815

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

**B. Dr Douglas Owen Fleming**

Mailing Address 20720 SARATOGA RD

City

SONORA

State

CA

Zip Code

95370-5424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

Transaction ID : 37244957

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Dr David Samuel Davis**

Mailing Address 940 SUGAR SPRINGS DR

City

LAS VEGAS

State

NV

Zip Code

89110-2934

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

Transaction ID : 37244958

Amount of Each Receipt this Period

1000.00

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

4166.67

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**

Full Name (Last, First, Middle Initial)

**A. DR Robert William Moses**

Mailing Address 413 Wessex Rd

City

Valparaiso

State

IN

Zip Code

46385-7716

FEC ID number of 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

06 / 12 / 2014

Transaction ID : 37244959

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Charles W Harrill**

Mailing Address 8010 Strawhorn Dr

City

Mechanicsville

State

VA

Zip Code

23116-3833

FEC ID number of 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

06 / 12 / 2014

Transaction ID : 37244960

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Michael J Duffy**

Mailing Address 501 N Main St

City

Eureka

State

KS

Zip Code

67045-1315

FEC ID number of 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

06 / 12 / 2014

Transaction ID : 37244961

Amount of Each Receipt this Period

365.00

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

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

1865.00

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr George Adams III**

Mailing Address 1735 Pine Mesa Grv

City

Colorado Spgs

State

CO

Zip Code

80918-3628

FEC ID number of 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

06 / 12 / 2014

Transaction ID : 37244962

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Dr Sarah Miller Watkins**

Mailing Address 929 Andover Blvd

City

Alcoa

State

TN

Zip Code

37701-1665

FEC ID number of 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

06 / 12 / 2014

Transaction ID : 37244963

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Dr Matthew R Perry**

Mailing Address 828 Se 39Th Ct

City

Hillsboro

State

OR

Zip Code

97123-7408

FEC ID number of 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

06 / 12 / 2014

Transaction ID : 37244964

Amount of Each Receipt this Period

300.00

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

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

1030.00

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr James Boilini**

Mailing Address 544 SOUND DR

City  
KEY LARGO

State Zip Code  
FL 33037-4820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

Transaction ID : 37244967

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr Jeffrey E Schultz**

Mailing Address 26300 Village Ln  
Apt 419

City  
Beachwood

State Zip Code  
OH 44122-7546

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

Transaction ID : 37244968

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr Robert C Fitzhugh**

Mailing Address 1312 Ridge Road Dr

City  
Stamps

State Zip Code  
AR 71860-2220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 12 / 2014

Transaction ID : 37244969

Amount of Each Receipt this Period

300.00

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

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

900.00

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Benjamin T Lickteig**

Mailing Address 9405 Station Circle

City

Dedham

State

MA

Zip Code

02026-4598

FEC ID number of 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

06 / 12 / 2014

Transaction ID : 37244970

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr Thomas Brill**

Mailing Address 5625 Whispering Oaks Dr

City

North Port

State

FL

Zip Code

34287-2455

FEC ID number of 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

06 / 12 / 2014

Transaction ID : 37244971

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr Avery T Jones**

Mailing Address 1386 S 38Th St

City

Grand Forks

State

ND

Zip Code

58201-3708

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 12 / 2014

Transaction ID : 37244972

Amount of Each Receipt this Period

300.00

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

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

900.00

# **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  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. DR Lila Goodwin**

Mailing Address 11550 Crossroads Cir Unit 341

City State Zip Code  
 Middle River MD 21220-2967

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 12 / 2014

Transaction ID : 37244973

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. Dr Donald L Ledbetter**

Mailing Address 10721 Woodridden

City State Zip Code  
 Oklahoma City OK 73170-3204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2014

Transaction ID : 37244974

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Dr Mark Maddox**

Mailing Address 808 Sunset Dr

City State Zip Code  
 Macon MO 63552-1063

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 12 / 2014

Transaction ID : 37244976

Amount of Each Receipt this Period

200.00

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

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

750.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 OF 113

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Ronald Carl Nelson**

Mailing Address 2887 SHILLINGFORD CIR NW

City State Zip Code  
 NORTH CANTON OH 44720-8229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37245051

Amount of Each Receipt this Period

880.00

Full Name (Last, First, Middle Initial)

**B. Dr Darin Lee Paulson**

Mailing Address 405 SE DERBY ST

City State Zip Code  
 PULLMAN WA 99163-2221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37245052

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Dr Edward Melman**

Mailing Address 425 BARBY LN

City State Zip Code  
 CHERRY HILL NJ 08003-3447

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37245053

Amount of Each Receipt this Period

250.00

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

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

1495.00

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

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

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(check only one)

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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**

Full Name (Last, First, Middle Initial)

**A. Dr Justin L Kohls**

Mailing Address 4256 E Montgomery Rd

City

Cave Creek

State

AZ

Zip Code

85331-7862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37245054

Amount of Each Receipt this Period

211.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

300.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37245056

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**c. Dr Dorothy 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 ▼

528.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37245058

Amount of Each Receipt this Period

88.00

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

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

449.00



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

Use separate schedule(s)  
for each category of the  
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(check only one)

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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**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

250.02

Date of Receipt

06 / 17 / 2014

Transaction ID : 37246090

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. 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 ▼

300.00

Date of Receipt

06 / 17 / 2014

Transaction ID : 37246091

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Dr Freddie M Mayes**

Mailing Address 117 Magnolia Dr

City

Central City

State

KY

Zip Code

42330-1727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 17 / 2014

Transaction ID : 37246093

Amount of Each Receipt this Period

50.00

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

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

141.67

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Brian 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2014

Transaction ID : 37246095

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Ms Linda Ross Aldy**

Mailing Address 141 Executive Dr Ste 5

City

Madison

State

MS

Zip Code

39110-8457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mississippi Opt Assn, Inc

Occupation

Executive Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2014

Transaction ID : 37246211

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Dr Benjamin P Casella**

Mailing Address 767 Broad St

City

Augusta

State

GA

Zip Code

30901-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 17 / 2014

Transaction ID : 37246215

Amount of Each Receipt this Period

250.00

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

700.00

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  
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(check only one)

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DR Martin Wayne Carpenter**

Mailing Address 556 Black Cherry Dr

City

Fairmont

State

WV

Zip Code

26554-6106

FEC ID number of 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

06 / 17 / 2014

Transaction ID : 37246277

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DR Frank McAllister Akers II**

Mailing Address 1019 N 93rd Pl

City

Mesa

State

AZ

Zip Code

85207-5266

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.00

Date of Receipt

06 / 18 / 2014

Transaction ID : 37251199

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. Dr Thomas 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 ▼

1000.00

Date of Receipt

06 / 18 / 2014

Transaction ID : 37251200

Amount of Each Receipt this Period

200.00

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

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

535.00

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

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

300.00

Date of Receipt

06 / 18 / 2014

Transaction ID : 37251202

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert 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 ▼

300.00

Date of Receipt

06 / 18 / 2014

Transaction ID : 37251203

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Dr Lilien Anna Vogl**

Mailing Address 13603 W La Reata Ave

City

Goodyear

State

AZ

Zip Code

85395-2246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

06 / 18 / 2014

Transaction ID : 37258474

Amount of Each Receipt this Period

211.00

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

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

411.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 37 OF 113

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jeffrey Myers**

Mailing Address PO Box 116

City

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 ▼

210.00

Date of Receipt

06 / 19 / 2014

Transaction ID : 37259962

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. 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

06 / 19 / 2014

Transaction ID : 37259963

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Dr Susan 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 ▼

1000.02

Date of Receipt

06 / 19 / 2014

Transaction ID : 37259964

Amount of Each Receipt this Period

166.67

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

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

333.67

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Brenda Heinke Montecalvo**

Mailing Address PO BOX 358

City

CEDARVILLE

State

OH

Zip Code

45314-0358

FEC ID number of 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

06 / 17 / 2014

Transaction ID : 37264174

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

**B. Dr William David Gordon**

Mailing Address 3303 Lake Desiard Dr

City

Monroe

State

LA

Zip Code

71201-2035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 13 / 2014

Transaction ID : 37264178

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Dr Timothy N Wilson**

Mailing Address 5659 Silver Oak Dr

City

Fitchburg

State

WI

Zip Code

53711-1688

FEC ID number of 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

06 / 19 / 2014

Transaction ID : 37264220

Amount of Each Receipt this Period

500.00

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

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

6050.00

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

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

FOR LINE NUMBER: PAGE 39 OF 113

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Barry Frauens**

Mailing Address 857 NW 126 Avenue

City

Coral Springs

State

FL

Zip Code

33071-4401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : 37265080

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2014

Transaction ID : 37269425

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Dr Kathleen 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2014

Transaction ID : 37269430

Amount of Each Receipt this Period

83.34

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

383.34

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**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

1000.02

Date of Receipt

06 / 20 / 2014

Transaction ID : 37269431

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

**B. 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 ▼

500.00

Date of Receipt

06 / 20 / 2014

Transaction ID : 37269437

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr Tad Robert Kosanovich**

Mailing Address 322 Sunset Rd

City

Osprey

State

FL

Zip Code

34229-9207

FEC ID number of 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

06 / 19 / 2014

Transaction ID : 37269449

Amount of Each Receipt this Period

300.00

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

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

716.67



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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Kent Albrecht**

Mailing Address 3613 MULBERRY DR

City

ST GEORGE

State

UT

Zip Code

84790-7536

FEC ID number of 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

06 / 19 / 2014

Transaction ID : 37269453

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DR Kathryn Dingley Gurney**

Mailing Address 120 Spruce Ln

City

Farmington

State

ME

Zip Code

04938-7003

FEC ID number of 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

06 / 19 / 2014

Transaction ID : 37269463

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Rick Baxter**

Mailing Address 3326 Madrona Beach Rd NW

City

Olympia

State

WA

Zip Code

98502-8868

FEC ID number of 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

06 / 19 / 2014

Transaction ID : 37269465

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

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(check only one)

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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**

Full Name (Last, First, Middle Initial)

**A. Dr Marty S Traylor**

Mailing Address 4304 Wood Trce

City

Owensboro

State

KY

Zip Code

42303-2274

FEC ID number of 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

06 / 19 / 2014

Transaction ID : 37269467

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr Philip Wayne Marler**

Mailing Address 204 PIONEER HILL DR

City

CARTHAGE

State

MS

Zip Code

39051-9150

FEC ID number of 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

06 / 19 / 2014

Transaction ID : 37269468

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Landon J Jones**

Mailing Address 109 Ne 60Th St

City

Seattle

State

WA

Zip Code

98115-6522

FEC ID number of 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

06 / 19 / 2014

Transaction ID : 37269470

Amount of Each Receipt this Period

500.00

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

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

1300.00

# **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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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Shawn Sorenson**

Mailing Address 2282 N Vizcaya

City

Eagle

State

ID

Zip Code

83616-5434

FEC ID number of 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

06 / 19 / 2014

Transaction ID : 37269474

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Richard Foss**

Mailing Address W5224 KNOBLOCH RD

City

LA CROSSE

State

WI

Zip Code

54601-2461

FEC ID number of 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

06 / 19 / 2014

Transaction ID : 37269479

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr C. Douglas Stine**

Mailing Address 387 Scout Rd

City

Mosinee

State

WI

Zip Code

54455-9772

FEC ID number of 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

06 / 19 / 2014

Transaction ID : 37269488

Amount of Each Receipt this Period

300.00

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

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

850.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Randolph 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 ▼

1200.00

Date of Receipt

06 / 21 / 2014

Transaction ID : 37270383

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **B. Dr George 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 ▼

300.00

Date of Receipt

06 / 21 / 2014

Transaction ID : 37270386

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Dr Jan 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 ▼

1000.02

Date of Receipt

06 / 21 / 2014

Transaction ID : 37270388

Amount of Each Receipt this Period

166.67

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

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

416.67

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Mary Lynn Gregory**

Mailing Address 3332 120th Ave

City

Clear Lake

State

MN

Zip Code

55319-9506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

299.18

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 21 / 2014

Transaction ID : 37270391

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Dr Scott 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2014

Transaction ID : 37270396

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Dr Mark 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 22 / 2014

Transaction ID : 37270397

Amount of Each Receipt this Period

50.00

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

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

200.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 22 / 2014

Transaction ID : 37270399

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B. Dr Chris R Fields**

Mailing Address 173 Peterkin Hill Rd

City

S Woodstock

State

VT

Zip Code

05071-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 23 / 2014

Transaction ID : 37270405

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

**C. Dr Kimberly Ocampo**

Mailing Address 823 6th Ave SE

City

Decatur

State

AL

Zip Code

35601-3021

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 24 / 2014

Transaction ID : 37271552

Amount of Each Receipt this Period

50.00

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

292.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Lynn Hellerstein**

Mailing Address 8611 E OTERO PL

City  
CENTENNIAL

State  
CO

Zip Code  
80112-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 24 / 2014

Transaction ID : 37271554

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Dr Dori Carlson**

Mailing Address 121 Briggs Ave N

City  
Park River

State  
ND

Zip Code  
58270-4507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

06 / 24 / 2014

Transaction ID : 37271557

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

**C. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

06 / 24 / 2014

Transaction ID : 37271559

Amount of Each Receipt this Period

90.00

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

306.67

**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**

Full Name (Last, First, Middle Initial)

## **A. Dr Randall Hoch**

Mailing Address 206 Fox Farm Rd

City

Lewistown

State

MT

Zip Code

59457-8696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 24 / 2014

Transaction ID : 37271560

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **B. Dr Raymond 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 ▼

210.00

Date of Receipt

06 / 24 / 2014

Transaction ID : 37271561

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

400.00

Date of Receipt

06 / 24 / 2014

Transaction ID : 37271562

Amount of Each Receipt this Period

100.00

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

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

242.00



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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr James P De Vleming**

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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

06 / 24 / 2014

**Transaction ID : 37271563**

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

**B. Dr Jennifer L Planitz**

Mailing Address 3537 Newcastle Dr Se

City

Rio Rancho

State

NM

Zip Code

87124-3672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2272.50

Date of Receipt

06 / 24 / 2014

**Transaction ID : 37271564**

Amount of Each Receipt this Period

454.50

Full Name (Last, First, Middle Initial)

**C. Dr Abie R Chadderdon**

Mailing Address 2005 Timberline Rd

City

Marshalltown

State

IA

Zip Code

50158-3865

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 24 / 2014

**Transaction ID : 37271565**

Amount of Each Receipt this Period

500.00

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

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

1121.50

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Paul 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 ▼

250.00

Date of Receipt

06 / 24 / 2014

Transaction ID : 37271566

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

## **B. Dr Jacqueline 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 ▼

300.00

Date of Receipt

06 / 24 / 2014

Transaction ID : 37271567

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. Dr Markus 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 ▼

250.02

Date of Receipt

06 / 25 / 2014

Transaction ID : 37272448

Amount of Each Receipt this Period

41.67

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

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

136.67

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr D. 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 ▼

510.00

Date of Receipt

06 / 25 / 2014

Transaction ID : 37272449

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**B. Dr Greg 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 ▼

1000.02

Date of Receipt

06 / 25 / 2014

Transaction ID : 37272450

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

**c. 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 ▼

336.00

Date of Receipt

06 / 25 / 2014

Transaction ID : 37272452

Amount of Each Receipt this Period

31.00

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

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

282.67

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

545.46

Date of Receipt

06 / 25 / 2014

Transaction ID : 37272453

Amount of Each Receipt this Period

90.91

Full Name (Last, First, Middle Initial)

**B. 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 ▼

255.00

Date of Receipt

06 / 25 / 2014

Transaction ID : 37272456

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**c. Dr John 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 ▼

500.10

Date of Receipt

06 / 25 / 2014

Transaction ID : 37272457

Amount of Each Receipt this Period

83.35

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

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

219.26

# **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

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

NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : 37272458

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Dr Kenneth Ray Moultrie**

Mailing Address 1809 Gaslight Way NE

City

Huntsville

State

AL

Zip Code

35801-1555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : 37272459

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Dr Rustin 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

253.33

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : 37272460

Amount of Each Receipt this Period

50.00

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

350.00

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

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Jeffrey 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 ▼

504.00

Date of Receipt

06 / 25 / 2014

Transaction ID : 37272465

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

## **B. Dr Ashley Mc Ferron**

Mailing Address 5079 W Sunset Dr

City

Lake Oswego

State

OR

Zip Code

97035-4253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 25 / 2014

Transaction ID : 37272466

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

## **C. 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

06 / 25 / 2014

Transaction ID : 37272467

Amount of Each Receipt this Period

100.00

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

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

225.67

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : 37272468

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Dr Frederick 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : 37272469

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

**C. Dr Christopher 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2014

Transaction ID : 37272470

Amount of Each Receipt this Period

83.34

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

216.67

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

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Coby Ramsey**

Mailing Address 2924 DRIFTWOOD LN

City

ROCK SPRINGS

State

WY

Zip Code

82901-4393

FEC ID number of 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

06 / 25 / 2014

Transaction ID : 37272815

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. Dr Dennis 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 ▼

500.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37273253

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Dr Jennifer L Deakins**

Mailing Address 2819 North Fitzhugh Ave.  
Apt 1254

City

Dallas

State

TX

Zip Code

75204-3175

FEC ID number of 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

06 / 26 / 2014

Transaction ID : 37273254

Amount of Each Receipt this Period

50.00

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

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

1350.00



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

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for each category of the  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Beth A Kneib**

Mailing Address 602 Nw 163Rd St

City  
Shoreline

State  
WA

Zip Code  
98177-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.67

Date of Receipt

06 / 26 / 2014

Transaction ID : 37273257

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Dr Ron 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

06 / 26 / 2014

Transaction ID : 37273559

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

**c. Dr Maryjane Healey**

Mailing Address 6710 124Th PI Se

City  
Snohomish

State  
WA

Zip Code  
98296-8649

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

06 / 27 / 2014

Transaction ID : 37275364

Amount of Each Receipt this Period

200.00

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

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

416.67

# **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

Full Name (Last, First, Middle Initial)

**A. Dr Elizabeth Christensen**

Mailing Address 309 Horizon Dr

City

Encinitas

State

CA

Zip Code

92024-4148

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : 37275365

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Dr C. Thomas Crooks III**

Mailing Address 1229 Highland Lakes Trl

City

Birmingham

State

AL

Zip Code

35242-6886

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : 37275366

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2014

Transaction ID : 37275367

Amount of Each Receipt this Period

126.00

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

186.00

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr David Hays**

Mailing Address 8720 52nd Street Ct W

City State Zip Code  
 University Place WA 98467-1758

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 27 2014

Transaction ID : 37275368

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

**B. Dr Kim Eckroth**

Mailing Address PO Box 1834

City State Zip Code  
 Yelm WA 98597-1834

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 27 2014

Transaction ID : 37278813

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Dr James J Veliky**

Mailing Address 339 Pinehaven Dr

City State Zip Code  
 Pittsburgh PA 15241-1625

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 20 2014

Transaction ID : 37279989

Amount of Each Receipt this Period

500.00

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

949.00

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

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Steven Barry Eiden**

Mailing Address 355 CARRIAGE WAY

City

DEERFIELD

State

IL

Zip Code

60015-4530

FEC ID number of 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

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : 37279990

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Dr William R Reynolds**

Mailing Address 308 Ridgescreek Dr

City

Lexington

State

SC

Zip Code

29072-3908

FEC ID number of 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

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : 37279991

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Dr Melinda Thompson**

Mailing Address 714 Saint Andrews Way

City

Lompoc

State

CA

Zip Code

93436-1327

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 ▼

300.00

Date of Receipt

MM / DD / YYYY  
06 / 20 / 2014

Transaction ID : 37279992

Amount of Each Receipt this Period

300.00

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

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

1100.00

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr R Dean Beddow**

Mailing Address 110 Wildwood Ln

City Canyon State TX Zip Code 79015-5993

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 20 / 2014

Transaction ID : 37279994

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Dr Megan Sumrall Lott**

Mailing Address 3 Ashton Gardens Dr

City Jackson State MS Zip Code 39211-4275

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2014

Transaction ID : 37279997

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**C. Dr Robert V Serych Jr**

Mailing Address 141 Cedar Ridge Dr

City Monaca State PA Zip Code 15061-2750

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 37280047

Amount of Each Receipt this Period

500.00

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

800.00

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

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

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for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Karon Klem Nowakowski**

Mailing Address 2411 N County Road 500 W

City

Muncie

State

IN

Zip Code

47304-9528

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 ▼

300.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 37280048

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

250.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 37280049

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

763.50

Date of Receipt

06 / 23 / 2014

Transaction ID : 37280051

Amount of Each Receipt this Period

127.25

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

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

677.25

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

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

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(check only one)

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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**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

600.00

Date of Receipt

06 / 23 / 2014

Transaction ID : 37280053

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

1000.00

Date of Receipt

06 / 24 / 2014

Transaction ID : 37280232

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Dr Candace D Hamel**

Mailing Address 28900 Se Currin Rd

City

Estacada

State

OR

Zip Code

97023-8835

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 ▼

2000.00

Date of Receipt

06 / 24 / 2014

Transaction ID : 37280233

Amount of Each Receipt this Period

1000.00

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

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

2100.00

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

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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**

Full Name (Last, First, Middle Initial)

## **A. Dr Christine Leska**

Mailing Address 1103 3 1/2 Ave NW

City State Zip Code  
Byron MN 55920-1384

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2014

**Transaction ID : 37280234**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Dr Ronald W Downing**

Mailing Address 7340 N State Route 60 Nw

City State Zip Code  
McConnelsville OH 43756-9644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2014

**Transaction ID : 37280235**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Dr Steven E Faith**

Mailing Address 1565 Klondike Pl

City State Zip Code  
Livermore CA 94550-8646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 24 / 2014

**Transaction ID : 37280236**

Amount of Each Receipt this Period

300.00

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

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

1100.00



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

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 113

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Christopher Chiodo**

Mailing Address 2201 CRESTLINE FALLS PL

City

LAS VEGAS

State

NV

Zip Code

89134-6623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2014

Transaction ID : 37280237

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr Robert M Thacker**

Mailing Address 506 Fish Hill Rd

City

West Greenwich

State

RI

Zip Code

02817-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2014

Transaction ID : 37280238

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Craig Kevin Small**Mailing Address Po Box 396  
37 Herschel Street

City

Caribou

State

ME

Zip Code

04736-0396

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2014

Transaction ID : 37280241

Amount of Each Receipt this Period

150.00

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

700.00

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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Michael Haynes**

Mailing Address 1460 Avant Rd

City

West Monroe

State

LA

Zip Code

71291-7500

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

273.75

Date of Receipt

06 / 24 / 2014

Transaction ID : 37280259

Amount of Each Receipt this Period

91.25

Full Name (Last, First, Middle Initial)

**B. Dr Karen Preston**

Mailing Address 200 173rd PI NE

City

Bellevue

State

WA

Zip Code

98008-4104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 25 / 2014

Transaction ID : 37280318

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Dr Douglas Jerome Kimball**

Mailing Address 3623 Fieldstone Dr W

City

Bozeman

State

MT

Zip Code

59715-7134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37280902

Amount of Each Receipt this Period

300.00

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

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

691.25

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Martha Morrow**

Mailing Address 181 Windsor Dr

City

Russellville

State

AL

Zip Code

35653-4075

FEC ID number of 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

06 / 25 / 2014

Transaction ID : 37280910

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr Peter H Kehoe**

Mailing Address 789 N Broad St

City

Galesburg

State

IL

Zip Code

61401-2766

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

06 / 26 / 2014

Transaction ID : 37280911

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

620.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281709

Amount of Each Receipt this Period

20.00

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

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

1370.00

# **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  
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2014

Transaction ID : 37281710

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2014

Transaction ID : 37281712

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2014

Transaction ID : 37281713

Amount of Each Receipt this Period

166.67

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

383.34

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**

Full Name (Last, First, Middle Initial)

**A. 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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1001.64

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281716

Amount of Each Receipt this Period

166.94

Full Name (Last, First, Middle Initial)

**B. Dr Clarke Newman**

Mailing Address 3311 Throckmorton St.  
Apt A4

City

Dallas

State

TX

Zip Code

75219-3663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281717

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Curtis 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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281718

Amount of Each Receipt this Period

167.00

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

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

583.94

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

270.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281720

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

1000.02

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281721

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

**c. Dr Jennifer M. Smi Zolman**

Mailing Address 141 Sea Cotton Cir

City

Charleston

State

SC

Zip Code

29412-8296

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281722

Amount of Each Receipt this Period

41.67

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

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

253.34

# **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  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dr Hilaire Pressley**

Mailing Address 8635 W Sahara Ave

City

Las Vegas

State

NV

Zip Code

89117-5858

FEC ID number of 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

06 / 28 / 2014

Transaction ID : 37281724

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. 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 ▼

1200.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281725

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

## **C. 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 ▼

250.02

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281726

Amount of Each Receipt this Period

41.67

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

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

291.67

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 72 OF 113

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Harvey B Richman FAAO**

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 ▼

250.02

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281727

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. 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 ▼

600.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281729

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

650.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281730

Amount of Each Receipt this Period

25.00

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

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

166.67



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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr 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 ▼

650.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281731

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Dr Vincent Brandys JR**

Mailing Address 1728 Wildberry Dr Unit F

City

Glenview

State

IL

Zip Code

60025-1748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281733

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**c. Dr Jennifer R Wong**

Mailing Address 3728 N Magnolia Ave  
 # 3

City

Chicago

State

IL

Zip Code

60613-3802

FEC ID number of 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

06 / 28 / 2014

Transaction ID : 37281739

Amount of Each Receipt this Period

25.00

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

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

85.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 74 OF 113

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Michael Bennett**

Mailing Address 4940 Victoria Pl

City

Guthrie

State

OK

Zip Code

73044-8668

FEC ID number of 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

06 / 28 / 2014

Transaction ID : 37281740

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

**B. Dr Sean Michael Stevens**

Mailing Address 23 Farm Brook Way

City

Simpsonville

State

SC

Zip Code

29681-3509

FEC ID number of 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

06 / 28 / 2014

Transaction ID : 37281741

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Dr James 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 ▼

270.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281743

Amount of Each Receipt this Period

45.00

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

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

336.67

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

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

250.02

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281744

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Dr Jeremy 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 ▼

300.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281745

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. 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 ▼

300.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281746

Amount of Each Receipt this Period

50.00

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

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

141.67

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 113

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Michele R Haranin**

Mailing Address 301 Concord Rd

City  
DoverState  
DEZip Code  
19904-9100FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.84

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2014

Transaction ID : 37281747

Amount of Each Receipt this Period

48.64

Full Name (Last, First, Middle Initial)

**B. Dr Gregory W Kraupa**

Mailing Address 4280 Reiland Ln

City  
ShoreviewState  
MNZip Code  
55126-3127FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2014

Transaction ID : 37281750

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**c. Dr Craig M Brammer**

Mailing Address Po Box 487

City  
CrowleyState  
LAZip Code  
70527-0487FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2014

Transaction ID : 37281754

Amount of Each Receipt this Period

250.00

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

340.64

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

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

Use separate schedule(s)  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Andrew Ray Adamich**

Mailing Address PO Box 711

City

Gunnison

State

CO

Zip Code

81230-0711

FEC ID number of 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

06 / 28 / 2014

Transaction ID : 37281755

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Dr Randy Andregh**

Mailing Address 11368 W Hickory Hill Ct

City

Boise

State

ID

Zip Code

83713-2467

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281756

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. Dr Andrea Bethel**

Mailing Address 1621 Terra De Sol Dr SE

City

Rio Rancho

State

NM

Zip Code

87124-8709

FEC ID number of 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

06 / 28 / 2014

Transaction ID : 37281757

Amount of Each Receipt this Period

50.00

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

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

141.67

# **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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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Jessica Peel**

Mailing Address 3115 Silverwood St

City  
Billings

State  
MT

Zip Code  
59102-0655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 28 / 2014

**Transaction ID : 37281762**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Dr Michael G Wallace**

Mailing Address 3366 Ambleside Dr

City  
Flushing

State  
MI

Zip Code  
48433-9784

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 28 / 2014

**Transaction ID : 37281764**

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**C. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

06 / 28 / 2014

**Transaction ID : 37281765**

Amount of Each Receipt this Period

166.67

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

258.67

**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  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

600.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281767

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. 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 ▼

584.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281768

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. 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 ▼

250.02

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281769

Amount of Each Receipt this Period

41.67

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

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

241.67

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Deborah Bernay**

Mailing Address 1702 RUSTIC OAK LN

City  
SEABROOK

State  
TX

Zip Code  
77586-4556

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281770

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Dr Kristofer K Thornton**

Mailing Address 2023 Cumberland Dr

City  
Longview

State  
TX

Zip Code  
75601-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281771

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281772

Amount of Each Receipt this Period

41.67

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

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

191.67



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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Robert A Sorensen**

Mailing Address 11528 N Avondale Loop

City

Hayden

State

ID

Zip Code

83835-9142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281773

Amount of Each Receipt this Period

126.00

Full Name (Last, First, Middle Initial)

**B. Dr David M Redman**

Mailing Address 795 Foxhill Cir

City

Hollister

State

CA

Zip Code

95023-9747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281774

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. 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 ▼

600.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281780

Amount of Each Receipt this Period

100.00

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

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

267.67

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2014

Transaction ID : 37281782

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Dr Geoffrey 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2014

Transaction ID : 37281784

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Dr Paul Anton 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 28 / 2014

Transaction ID : 37281785

Amount of Each Receipt this Period

50.00

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

291.67

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

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

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

FOR LINE NUMBER: PAGE 83 OF 113

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Andrea P Thau**

Mailing Address 145 E 84Th St  
 Apt 11A

City State Zip Code  
 New York NY 10028-2058

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2014

Transaction ID : 37281788

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

**B. Dr Carey Patrick**

Mailing Address 970 Patrician Ct

City State Zip Code  
 Fairview TX 75069-8781

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2014

Transaction ID : 37281791

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**c. Dr Richard Joseph Gelbuda**

Mailing Address Rr 4

City State Zip Code  
 Ottawa IL 61350-9804

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2014

Transaction ID : 37281792

Amount of Each Receipt this Period

37.50

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

304.17

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 84 OF 113

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DR Shannon 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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

277.86

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281793

Amount of Each Receipt this Period

37.06

Full Name (Last, First, Middle Initial)

**B. Dr Mira 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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281794

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

**c. Dr Derek Louie**

Mailing Address 5079 W Sunset Dr

City

Lake Oswego

State

OR

Zip Code

97035-4253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281796

Amount of Each Receipt this Period

42.00

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

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

246.06

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 85 OF 113

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Lanny 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 ▼

300.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281799

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Dr Jason Ortman**

Mailing Address 8085 E Byers Ave

City

Denver

State

CO

Zip Code

80230-6755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281800

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. Dr Thomas Annunziato**

Mailing Address 11700 Northview Dr

City

Aledo

State

TX

Zip Code

76008-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.02

Date of Receipt

06 / 28 / 2014

Transaction ID : 37281801

Amount of Each Receipt this Period

83.34

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

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

258.34

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

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

FOR LINE NUMBER: PAGE 86 OF 113

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr David Frazee**

Mailing Address 4962 Shoreline Dr

City State Zip Code  
 Frisco TX 75034-4058

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 28 / 2014

Transaction ID : 37281807

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Dr Rodney Fair**

Mailing Address 1169 CONEFLOWER WAY

City State Zip Code  
 BRIGHTON CO 80601-6785

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 28 / 2014

Transaction ID : 37281808

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Dr Jason A Ricks**

Mailing Address 108 Agate Dr

City State Zip Code  
 Lewistown MT 59457-3202

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.02

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 28 / 2014

Transaction ID : 37281809

Amount of Each Receipt this Period

41.67

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

283.34

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 87 OF 113

(check only one)

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr Blaine A Littlefield**

Mailing Address 27 Wilderness Dr

City

Freeport

State

ME

Zip Code

04032-5824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2014

Transaction ID : 37281811

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Dr Edwin 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  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 28 / 2014

Transaction ID : 37281812

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Dr Marimel S Tilley**

Mailing Address 2475 Churchill Dr

City

Bossier City

State

LA

Zip Code

71111-5559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 29 / 2014

Transaction ID : 37296095

Amount of Each Receipt this Period

500.00

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

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

741.67

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

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

FOR LINE NUMBER: PAGE 88 OF 113  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 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

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : 37297077**

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

**B. 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  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : 37297078**

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

**c. Dr Jenny G Terrell**

Mailing Address 2024 Mountainview Dr

City

Hurst

State

TX

Zip Code

76054-2920

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : 37297268**

Amount of Each Receipt this Period

500.00

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

833.34

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



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 113

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Peter Charles Dubin**

Mailing Address 3397 Charleston Hwy

City

Walterboro

State

SC

Zip Code

29488-6122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**Transaction ID : 37297341**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Dr Randy L Hertneky**

Mailing Address 333 S Ivy St

City

Yuma

State

CO

Zip Code

80759-2313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**Transaction ID : 37297359**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr Jeffrey Michaels**

Mailing Address 2775 Caleherne Ct

City

Sandy Hook

State

VA

Zip Code

23153-2248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

**Transaction ID : 37303383**

Amount of Each Receipt this Period

500.00

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

875.00

**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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr John E Titak**

Mailing Address 3 Fairfield Dr

City

Avondale Est

State

GA

Zip Code

30002-1421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 37303385

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Gregory J Bittner**

Mailing Address 4047 Letort Ln

City

Allison Park

State

PA

Zip Code

15101-3133

FEC ID number of 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

06 / 30 / 2014

Transaction ID : 37305463

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Dr Mark Pifer**

Mailing Address 1627 CEDAR POINT RD

City

SANDUSKY

State

OH

Zip Code

44870-5210

FEC ID number of 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

06 / 30 / 2014

Transaction ID : 37305466

Amount of Each Receipt this Period

300.00

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

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

850.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

500.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 37305467

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Albert J Hoffman**

Mailing Address 966 Lincoln Dr

City

Conneaut

State

OH

Zip Code

44030-2169

FEC ID number of 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

06 / 30 / 2014

Transaction ID : 37305469

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**C. Dr David 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

06 / 30 / 2014

Transaction ID : 37305472

Amount of Each Receipt this Period

250.00

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

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

990.00

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Curtis M Simmons**

Mailing Address 109 Treetop Dr

City

Santa Cruz

State

CA

Zip Code

95060-1305

FEC ID number of 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

06 / 30 / 2014

Transaction ID : 37305473

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Jason Nakagawa**

Mailing Address 12512 Rosy Cir

City

Los Angeles

State

CA

Zip Code

90066-6927

FEC ID number of 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

06 / 30 / 2014

Transaction ID : 37305484

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Dr Robert J Vodvarka**

Mailing Address 3546 Golfing Green Dr

City

Dallas

State

TX

Zip Code

75234-5153

FEC ID number of 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

06 / 30 / 2014

Transaction ID : 37305487

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Andrew J Lovsin**

Mailing Address 260 Oakmont Cir

City

Pinehurst

State

NC

Zip Code

28374-8343

FEC ID number of 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

06 / 30 / 2014

**Transaction ID : 37305489**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr Richard P Belhumeur**

Mailing Address 192 Harmony Rd

City

N Scituate

State

RI

Zip Code

02857-1317

FEC ID number of 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

06 / 30 / 2014

**Transaction ID : 37305491**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Dr Jay Messinger**

Mailing Address 3267 Corinth Ave

City

Los Angeles

State

CA

Zip Code

90066-1310

FEC ID number of 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

06 / 30 / 2014

**Transaction ID : 37305492**

Amount of Each Receipt this Period

300.00

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 94 OF 113  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr Sharon R Roberts**

Mailing Address 2226 Fairfield Ln

City  
Plymouth

State  
WI

Zip Code  
53073-4903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 37305495

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Dr Jonathan M Hartley**

Mailing Address 2402 Heights Ave

City  
Cody

State  
WY

Zip Code  
82414-9822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 37305496

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Dr Lee Peplinski**

Mailing Address 17008 Ashburton Dr

City  
Louisville

State  
KY

Zip Code  
40245-5713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 37305497

Amount of Each Receipt this Period

300.00

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

1350.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 95 OF 113

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

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

NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr C. Douglas Stine**

Mailing Address 387 Scout Rd

City

Mosinee

State

WI

Zip Code

54455-9772

FEC ID number of 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

06 / 30 / 2014

Transaction ID : 37305500

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Steven F Moore**

Mailing Address 200 Stratford St

City

Houston

State

TX

Zip Code

77006-3220

FEC ID number of 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

06 / 30 / 2014

Transaction ID : 37306654

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Student Texas Optometric Association**

Mailing Address 505 J Davis Armistead Bldg

City

Houston

State

TX

Zip Code

77204-2020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

06 / 30 / 2014

Transaction ID : 37306693

Amount of Each Receipt this Period

600.00

Transfer to AOA PAC NF-Admin 7/10/14

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

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

1115.00

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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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**

Full Name (Last, First, Middle Initial)

**A. Dr Larry C Wallis**

Mailing Address 20 Kentshire Ct

City

Greenville

State

DE

Zip Code

19807-2583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 19 / 2014

**Transaction ID : 37344546**

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**

Refund(s) on Schedule B Totalling \$50.00 This changes the YTD Total to \$90.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

0.00

67010.00



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

American Optometric Association Political Action Committee

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

American Optometric Association Political Action Committee

### A. Bank of America

001

Category/  
Type

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

234.07

Full Name (Last, First, Middle Initial)

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

Category/  
Type

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

234.07

2602.87

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 99 OF 113

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Committee To Reelect Congressman Chris Smith**

Mailing Address P.O. Box 3184

City Hamilton	State NJ	Zip Code 08619
------------------	-------------	-------------------

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. Christopher H. Smith**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

**Transaction ID : 37199113**

Amount of Each Disbursement this Period

1500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Donald Norcross For Congress**

Mailing Address PO Box 160

City Collingswood	State NJ	Zip Code 08108
----------------------	-------------	-------------------

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Donald Norcross**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Special-Primary2014

State: NJ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

**Transaction ID : 37199114**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Michael Burgess For Congress**

Mailing Address PO Box 2334

City Denton	State TX	Zip Code 76202
----------------	-------------	-------------------

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. Michael C. Burgess M.D.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

**Transaction ID : 37199191**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Contribution

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

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 OF 113

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Raul Ruiz For Congress**

Mailing Address PO Box 3433

City	State	Zip Code
Palm Desert	CA	92261

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. Raul Ruiz MD**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 36

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

**Transaction ID : 37199198**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Yarmuth For Congress**

Mailing Address 1815 Brownsboro Road

City	State	Zip Code
Louisville	KY	40202

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. John A. Yarmuth**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

**Transaction ID : 37199199**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Cain For Congress**

Mailing Address P.O. Box 1523

City	State	Zip Code
Bangor	ME	04402

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Emily Cain**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		02		2014

**Transaction ID : 37199200**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

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

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 113

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Scalise For Congress**

Mailing Address PO Box 23219

City  
JeffersonState  
LAZip Code  
70183Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Steve Scalise**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

**Transaction ID : 37208539**

Amount of Each Disbursement this Period

2000.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Debbie Dingell For Congress**

Mailing Address PO Box 746

City  
DearbornState  
MIZip Code  
48121Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Debbie Dingell**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		11		2014

**Transaction ID : 37229117**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Loudermilk For Congress**

Mailing Address PO Box 447

City  
CassvilleState  
GAZip Code  
30123Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Barry Loudermilk**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: GA District: 11

Runoff2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

**Transaction ID : 37232103**

Amount of Each Disbursement this Period

2000.00
---------

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Buddy Carter For Congress**

Mailing Address 200 E St Julian St Suite 603

City Savannah	State GA	Zip Code 31401
------------------	-------------	-------------------

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Earl Carter**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Runoff2014

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2014

**Transaction ID : 37232104**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Texans For Henry Cuellar Congressional Campaign**Mailing Address 1519 Washington Street  
Suite 200

City Laredo	State TX	Zip Code 78040
----------------	-------------	-------------------

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. Henry Cuellar**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

**Transaction ID : 37246217**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Jack Kingston**

Mailing Address PO Box 2133

City Savannah	State GA	Zip Code 31402
------------------	-------------	-------------------

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. Jack Kingston**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Runoff2014

State: GA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

**Transaction ID : 37246222**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Enzi For Us Senate**

Mailing Address PO Box 2775

City	State	Zip Code
Cody	WY	82414

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Sen. Mike B. Enzi**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		17		2014

**Transaction ID : 37246226**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Steve Fincher For Congress**

Mailing Address PO Box 11153

City	State	Zip Code
Jackson	TN	38308

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Stephen Lee Fincher**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 37258412**

Amount of Each Disbursement this Period

1500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Democratic Party of Arkansas Federal**

Mailing Address 1300 West Capitol Avenue

City	State	Zip Code
Little Rock	AR	72201

Purpose of Disbursement  
State Party Committee Contribution

011

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 37258434**

Amount of Each Disbursement this Period

5000.00
---------

State Party Committee Contribution

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

9000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. LOBO PAC**

Mailing Address P.O. Box 492

City	State	Zip Code
Albuquerque	NM	87103

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**LOBO PAC**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 37258453**

Amount of Each Disbursement this Period

5000.00
---------

Committee Contribution

Full Name (Last, First, Middle Initial)

**B. HALPAC (Help America's Leaders PAC)**Mailing Address 1155 21st Street, NW  
Suite 300

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Committee Contribution

011

Candidate Name

**HALPAC (Help America's Leaders PAC)**

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		18		2014

**Transaction ID : 37258465**

Amount of Each Disbursement this Period

5000.00
---------

Committee Contribution

Full Name (Last, First, Middle Initial)

**C. Pompeo For Congress Inc**

Mailing Address PO Box 780146

City	State	Zip Code
Wichita	KS	67212

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Mike Pompeo**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS

District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

**Transaction ID : 37270427**

Amount of Each Disbursement this Period

2000.00
---------

Candidate Contribution

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

12000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 113

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Luke Messer For Congress**

Mailing Address P.O. Box 917

City	State	Zip Code
Shelbyville	IN	46176

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Luke Messer**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: IN	District: 06

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

**Transaction ID : 37270430**

Amount of Each Disbursement this Period

2000.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Elect Blake Farenthold Committee**

Mailing Address P.O. Box 3369

City	State	Zip Code
Corpus Christi	TX	78463

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Blake Farenthold**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TX	District: 27

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

**Transaction ID : 37270437**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Billy Long For Congress**

Mailing Address 3246 E. Ridgeview Street

City	State	Zip Code
Springfield	MO	65804

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Billy Long**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MO	District: 07

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

**Transaction ID : 37270622**

Amount of Each Disbursement this Period

1000.00
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Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ron Barber For Congress**

Mailing Address PO Box 57715

City  
TucsonState  
AZZip Code  
85732Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Ron Barber**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2014

**Transaction ID : 37270624**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Kildee For Congress Committee**

Mailing Address P.O. Box 13033

City  
FlintState  
MIZip Code  
48501Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Dale E. Kildee**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2014

**Transaction ID : 37270626**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Lynn Jenkins For Congress**

Mailing Address PO Box 1441

City  
TopekaState  
KSZip Code  
66601Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Lynn Jenkins**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KS

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2014

**Transaction ID : 37271573**

Amount of Each Disbursement this Period

2000.00
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Candidate Contribution

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

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Chris Gibson For Congress**

Mailing Address PO Box 255

City Kinderhook	State NY	Zip Code 12106
--------------------	-------------	-------------------

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. Chris Gibson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : 37271574**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Denny Heck For Congress**

Mailing Address PO Box 235

City Olympia	State WA	Zip Code 98507
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Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Dennis Heck**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : 37271730**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Nancy Pelosi For Congress**Mailing Address 700 13th Street, Nw  
Suite 600

City Washington	State DC	Zip Code 20005
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Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. Nancy Pelosi**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		24		2014

**Transaction ID : 37271734**

Amount of Each Disbursement this Period

5000.00
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Candidate Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeff Miller For Congress**

Mailing Address P. O. Box 126

City  
PensacolaState  
FLZip Code  
32591Purpose of Disbursement  
Void - Jeff Miller For Congress

011

Category/  
Type

Candidate Name

**Rep. Jeff B. Miller**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

**Transaction ID : 37273396**

Amount of Each Disbursement this Period

5000.00	-4000.00
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Void - Jeff Miller For Congress

Full Name (Last, First, Middle Initial)

**B. Jeff Miller For Congress**

Mailing Address P. O. Box 126

City  
PensacolaState  
FLZip Code  
32591Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Rep. Jeff B. Miller**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

**Transaction ID : 37273397**

Amount of Each Disbursement this Period

4000.00	4000.00
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Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City  
SpokaneState  
WAZip Code  
99210Purpose of Disbursement  
Candidate Contribution

011

Category/  
Type

Candidate Name

**Rep. Cathy McMorris Rodgers**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

**Transaction ID : 37273401**

Amount of Each Disbursement this Period

5000.00	5000.00
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Candidate Contribution

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

5000.00	5000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mark Takano For Congress**

Mailing Address PO Box 5214

City	State	Zip Code
Riverside	CA	92517

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Mark Takano**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 41

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2014

**Transaction ID : 37273414**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Pat Murphy For Iowa**

Mailing Address PO Box 692

City	State	Zip Code
Dubuque	IA	52004

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Patrick Murphy**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: IA	District: 01

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

**Transaction ID : 37276695**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Swalwell For Congress**

Mailing Address P.O. Box 2847

City	State	Zip Code
Dublin	CA	94568

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. Eric Swalwell**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 15

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2014

**Transaction ID : 37278821**

Amount of Each Disbursement this Period

1000.00
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Candidate Contribution

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

8500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ben Sasse For Us Senate Inc**

Mailing Address 105 East 6th Street

City Fremont	State NE	Zip Code 68025
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Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Benjamin Sasse**

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NE	District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	27	/	2014

**Transaction ID : 37280185**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. John Tierney For Congress**

Mailing Address PO Box 8013

City Salem	State MA	Zip Code 01970
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Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. John F. Tierney**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MA	District: 06

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : 37296246**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Duckworth For Congress**

Mailing Address P.O. Box 59568

City Schaumburg	State IL	Zip Code 60159
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Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Rep. Tammy Duckworth**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: IL	District: 08

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2014

**Transaction ID : 37296278**

Amount of Each Disbursement this Period

2500.00
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Candidate Contribution

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

10000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Rudy Hobbs For Congress**

Mailing Address PO Box 442056

City	State	Zip Code
Detroit	MI	48244

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rudy Hobbs**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : 37296290**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of Dan Maffei**

Mailing Address PO Box 230

City	State	Zip Code
Syracuse	NY	13201

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Daniel B. Maffei**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : 37297069**

Amount of Each Disbursement this Period

500.00
--------

Candidate Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Dan Maffei**

Mailing Address PO Box 230

City	State	Zip Code
Syracuse	NY	13201

Purpose of Disbursement  
Candidate Contribution

011

Candidate Name

**Rep. Daniel B. Maffei**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

**Transaction ID : 37297070**

Amount of Each Disbursement this Period

1000.00
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Candidate Contribution

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

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Optometric Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends Of Don Beyer**

Mailing Address 1751 Potomac Greens Drive

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Candidate Contribution

Candidate Name

**Donald Beyer Jr**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☐ General  
☒ Other (specify) ▼

State: VA District: 08

2014 Primary Debt Re

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

**Transaction ID : 37297081**

Amount of Each Disbursement this Period

2500.00
---------

Candidate Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

98500.00