

**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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y 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 Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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 Y

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
10 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y
10 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		487852.98
(b) Cash on Hand at Beginning of Reporting Period.....	583701.70	
(c) Total Receipts (from Line 19)	49286.80	701003.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	632988.50	1188856.96
7. Total Disbursements (from Line 31)	47873.28	603741.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	585115.22	585115.22
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

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
1	0		0	1		2	0	1	3

To:

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

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).....	37519.49	468824.14
(ii) Unitemized	11719.94	230837.45
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	49239.43	699661.59
(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)	49239.43	699661.59
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	47.37	342.39
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))	49286.80	701003.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49286.80	701003.98

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	1773.28	65046.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1773.28	65046.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	46000.00	527000.00
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	100.00	1695.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	1695.00
29. Other Disbursements	0.00	10000.00
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)) ..	47873.28	603741.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47873.28	603741.74

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)	49239.43	699661.59
34. Total Contribution Refunds (from Line 28(d))	100.00	1695.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49139.43	697966.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	1773.28	65046.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	1773.28	65046.74

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

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

FOR LINE NUMBER: PAGE 6 OF 81
(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 Mark K Helgeson

Mailing Address Po Box O

City

Park River

State

ND

Zip Code

58270-0714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2013

Transaction ID : 36501877

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Richard Lodwick

Mailing Address 3501 Mallard Cv

City

Williamsburg

State

VA

Zip Code

23185-8406

FEC ID number of 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
10 / 03 / 2013

Transaction ID : 36501879

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Dr Christopher Barry

Mailing Address 910 N 32ND ST

City

RENTON

State

WA

Zip Code

98056-2131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2001.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2013

Transaction ID : 36501906

Amount of Each Receipt this Period

2001.00

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

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

2501.00

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 Michael S Mayer

Mailing Address 2097 N Zinfandel Dr

City

Hanford

State

CA

Zip Code

93230-8939

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

10 / 05 / 2013

Transaction ID : 36506528

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Trinae S Rosato

Mailing Address 7 Upper Oak Ln

City

Milford

State

NJ

Zip Code

08848-1514

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

10 / 05 / 2013

Transaction ID : 36506538

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Mark D Esarey

Mailing Address 1680 State Highway 130

City

Charleston

State

IL

Zip Code

61920-6752

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

10 / 06 / 2013

Transaction ID : 36506544

Amount of Each Receipt this Period

125.00

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)
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Deanna Swafford Alexander

Mailing Address 4127 Cedargate Dr

City

Fort Collins

State

CO

Zip Code

80526-3386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 07 / 2013

Transaction ID : 36506545

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr J. Eric Paulsen

Mailing Address 1801 Memorial Dr

City

Sturgeon Bay

State

WI

Zip Code

54235-1064

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

10 / 10 / 2013

Transaction ID : 36513430

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Steven A Rocchi

Mailing Address 66 Palermo Dr

City

Oroville

State

CA

Zip Code

95966-9240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2013

Transaction ID : 36513431

Amount of Each Receipt this Period

125.00

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

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

625.00

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 Zoey Loomis

Mailing Address 3750 Highway 144

City State Zip Code
Weldona CO 80653-9107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 11 2013

Transaction ID : 36515173

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Dr Steven Snapp

Mailing Address 310 Tendoy St

City State Zip Code
Bellevue ID 83313-5085

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
10 11 2013

Transaction ID : 36515174

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr James A Davis

Mailing Address 839 16Th Ave E

City State Zip Code
Jerome ID 83338-1504

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
10 11 2013

Transaction ID : 36515175

Amount of Each Receipt this Period

75.00

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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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Robert Bruce Grill

Mailing Address 3359 Willow Way

City

Twin Falls

State

ID

Zip Code

83301-8191

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 11 / 2013

Transaction ID : 36515176

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Dr Mark Schaeffer

Mailing Address 1900 N Bayshore Dr Apt 4210

City

Miami

State

FL

Zip Code

33132-3024

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
10 / 11 / 2013

Transaction ID : 36515177

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Troy Raber

Mailing Address 195 Masters Ln

City

Magnolia

State

DE

Zip Code

19962-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delaware Optometric Association

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
10 / 11 / 2013

Transaction ID : 36515178

Amount of Each Receipt this Period

125.00

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

325.00

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

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Bethany M Lewallen

Mailing Address 195 Masters Ln

City

Magnolia

State

DE

Zip Code

19962-1186

FEC ID number of 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
10 / 11 / 2013

Transaction ID : 36515179

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Dr Danny L Hartzog

Mailing Address Po Box 519

City

Clayton

State

AL

Zip Code

36016-0519

FEC ID number of 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
10 / 04 / 2013

Transaction ID : 36541229

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Robert D Levy

Mailing Address 885 Warfield Ln

City

Huntingdon Vy

State

PA

Zip Code

19006-2107

FEC ID number of 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
10 / 04 / 2013

Transaction ID : 36541230

Amount of Each Receipt this Period

600.00

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

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

975.00

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 Norman P Einhorn

Mailing Address 5 Hartshorne Rd

City

Ocean

State

NJ

Zip Code

07712-2511

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

10 / 04 / 2013

Transaction ID : 36541232

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr James H Bell

Mailing Address 3519 Cherokee Rd

City

Cody

State

WY

Zip Code

82414-8435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 04 / 2013

Transaction ID : 36541234

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Jaime Blyskal Marcolini

Mailing Address 4 VILLAGE GATE RD

City

WASHINGTON

State

NJ

Zip Code

07882-4402

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 ▼

500.00

Date of Receipt

10 / 04 / 2013

Transaction ID : 36541237

Amount of Each Receipt this Period

500.00

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

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

2000.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Thomas F Saunders

Mailing Address 502 Buena Vista Ave

City

Fircrest

State

WA

Zip Code

98466-6904

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

10 / 04 / 2013

Transaction ID : 36541241

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

B. Dr William Ference

Mailing Address 11 Caroline Ave

City

Pompton Plains

State

NJ

Zip Code

07444-2006

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

10 / 04 / 2013

Transaction ID : 36541243

Amount of Each Receipt this Period

500.00

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

10 / 15 / 2013

Transaction ID : 36542941

Amount of Each Receipt this Period

50.00

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

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

790.00

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

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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 George Hertneky

Mailing Address 16862 County Road 28

City State Zip Code
 Brush CO 80723-9424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 16 2013

Transaction ID : 36544770

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DR Robin Coady

Mailing Address 724 BAYSHORE DR

City State Zip Code
 LODA IL 60948-9738

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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 01 2013

Transaction ID : 36544785

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

c. Dr William Gil Davis

Mailing Address Po Box 516

City State Zip Code
 Newton MS 39345-0516

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 08 2013

Transaction ID : 36544806

Amount of Each Receipt this Period

500.00

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

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

925.00

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 Melissa Binder

Mailing Address 16 WALDEN PLACE CT

City
ELGIN

State
SC

Zip Code
29045-8208

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

10 / 10 / 2013

Transaction ID : 36544812

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Samuel K Hoffmann

Mailing Address 13 Meadow Ln

City
Sheridan

State
WY

Zip Code
82801-9700

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

10 / 11 / 2013

Transaction ID : 36544818

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

10 / 11 / 2013

Transaction ID : 36544820

Amount of Each Receipt this Period

100.00

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

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

965.00

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)

☒ 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 Daniel L Tiller

Mailing Address 324 Mountain View Dr

City

Nampa

State

ID

Zip Code

83686-8868

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
10 / 16 / 2013

Transaction ID : 36545808

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr Joanna Haws

Mailing Address 5500 66TH WAY SE

City

LACEY

State

WA

Zip Code

98513-4956

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
10 / 17 / 2013

Transaction ID : 36547873

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. 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 ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2013

Transaction ID : 36547876

Amount of Each Receipt this Period

45.00

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

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

545.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 81
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<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 Daniel J Kosterman

Mailing Address 16420 Carla St

City

Eagle River

State

AK

Zip Code

99577-7618

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 ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2013

Transaction ID : 36547877

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr Dennis A Swarner

Mailing Address Po Box 1669

City

Kenai

State

AK

Zip Code

99611-1669

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 ▼

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2013

Transaction ID : 36547878

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

C. 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
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2013

Transaction ID : 36547879

Amount of Each Receipt this Period

50.00

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

220.00

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 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 ▼

500.00

Date of Receipt

10 / 17 / 2013

Transaction ID : 36547880

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 17 / 2013

Transaction ID : 36547881

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. Dr C. Garry Collins

Mailing Address 409 Royal Xing

City

Franklin

State

TN

Zip Code

37064-8909

FEC ID number of 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

10 / 16 / 2013

Transaction ID : 36547950

Amount of Each Receipt this Period

500.00

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

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

590.00

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 Reid K Saito

Mailing Address 99-537 Kahilina Pl

City

Aiea

State

HI

Zip Code

96701-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 36547951

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

B. Dr Robert C Huizenga

Mailing Address 3397 Kayelin Ct

City

Jenison

State

MI

Zip Code

49428-9490

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 16 / 2013

Transaction ID : 36547953

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Dr George W Walters Jr

Mailing Address Po Box C

City

Bolivar

State

TN

Zip Code

38008-0391

FEC ID number of 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

10 / 16 / 2013

Transaction ID : 36547955

Amount of Each Receipt this Period

250.00

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

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

1490.00

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 Jennifer J Kungle

Mailing Address 4437 Cobalt Dr

City

Harwood

State

MD

Zip Code

20776-9621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2013

Transaction ID : 36547958

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

374.47

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2013

Transaction ID : 36548402

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr Scott M Walters

Mailing Address 1025 Nw Regent Dr

City

Grants Pass

State

OR

Zip Code

97526-3383

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : 36554551

Amount of Each Receipt this Period

250.00

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

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

366.67

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 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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : 36554552

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. 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 ▼

624.98

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2013

Transaction ID : 36559433

Amount of Each Receipt this Period

500.00

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 ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 19 / 2013

Transaction ID : 36559924

Amount of Each Receipt this Period

166.67

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
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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 Julie Metzger Aubuchon

Mailing Address 72 Belmont Ct

City

Florence

State

KY

Zip Code

41042-8986

FEC ID number of 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
10 / 20 / 2013

Transaction ID : 36559978

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Dr Kevin Alexander

Mailing Address 2116 Wildwood Ct

City

Fullerton

State

CA

Zip Code

92831-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2013

Transaction ID : 36559979

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2013

Transaction ID : 36559980

Amount of Each Receipt this Period

83.34

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

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

733.34

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
☐ 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 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 20 / 2013

Transaction ID : 36559981

Amount of Each Receipt this Period

30.00

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 ▼

600.00

Date of Receipt

10 / 20 / 2013

Transaction ID : 36559982

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. 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

10 / 20 / 2013

Transaction ID : 36559983

Amount of Each Receipt this Period

166.67

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

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

296.67

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

Use separate schedule(s)
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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 Jonathan Toso

Mailing Address 1101 Angel Ln

City

State

Zip Code

Canton

SD

57013-2634

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
10 / 20 / 2013

Transaction ID : 36559985

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr Marc Robert Bloomenstein

Mailing Address 5101 E CALAVAR RD

City

State

Zip Code

SCOTTSDALE

AZ

85254-2869

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2013

Transaction ID : 36559987

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Robert Parks

Mailing Address 86 Darlene Dr

City

State

Zip Code

Wakefield

RI

02879-8307

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 ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2013

Transaction ID : 36559989

Amount of Each Receipt this Period

31.25

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

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

156.25

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

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

FOR LINE NUMBER: PAGE 25 OF 81

(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 Gonnason

Mailing Address 6721 GLOUCESTER PL

City State Zip Code
 ANCHORAGE AK 99504-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 20 2013

Transaction ID : 36559990

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 21 2013

Transaction ID : 36559998

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. Dr Paul Gustafson

Mailing Address 159 Sunflower St

City State Zip Code
 Casper WY 82604-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 21 2013

Transaction ID : 36559999

Amount of Each Receipt this Period

35.00

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

203.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 81

(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 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

10 / 21 / 2013

Transaction ID : 36560001

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

10 / 21 / 2013

Transaction ID : 36560002

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

c. Dr Desiree Tyler 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

10 / 21 / 2013

Transaction ID : 36560003

Amount of Each Receipt this Period

166.67

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

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

533.34

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 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.86

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2013

Transaction ID : 36560004

Amount of Each Receipt this Period

49.59

Full Name (Last, First, Middle Initial)

B. 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

M M / D D / Y Y Y Y Y
10 / 21 / 2013

Transaction ID : 36560005

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

c. Dr David K Talley

Mailing Address 1698 Brookside Dr

City

Germantown

State

TN

Zip Code

38138-2531

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2013

Transaction ID : 36560574

Amount of Each Receipt this Period

85.00

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

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

301.26

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 Blaine Bird

Mailing Address 2001 E 775 S

City
Springville

State
UT

Zip Code
84663-3206

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 ▼

304.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2013

Transaction ID : 36560575

Amount of Each Receipt this Period

30.42

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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2013

Transaction ID : 36560576

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Michelle Wika Chaney

Mailing Address 3614 Coneflower Dr

City
Fort Collins

State
CO

Zip Code
80521-7542

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 22 / 2013

Transaction ID : 36560577

Amount of Each Receipt this Period

45.00

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

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

175.42

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 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 ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2013

Transaction ID : 36560579

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Matthew Maki

Mailing Address 135 W Church St

City

Williamston

State

MI

Zip Code

48895-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 22 / 2013

Transaction ID : 36560580

Amount of Each Receipt this Period

25.00

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2013

Transaction ID : 36568383

Amount of Each Receipt this Period

50.00

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

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

116.67

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 Richard W Phillips

Mailing Address 1977 Spring Hollow Ln

City

Germantown

State

TN

Zip Code

38139-5675

FEC ID number of 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
10 / 23 / 2013

Transaction ID : 36568385

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. DR Barry Barresi

Mailing Address 659 Spyglass Summit Dr

City

Chesterfield

State

MO

Zip Code

63017-2142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2013

Transaction ID : 36568386

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. 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

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.03

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2013

Transaction ID : 36568387

Amount of Each Receipt this Period

166.67

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

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

458.34

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 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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2013

Transaction ID : 36568388

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2013

Transaction ID : 36568390

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Dr Larry D Stoppel

Mailing Address 123 W 4Th St

City

Washington

State

KS

Zip Code

66968-2203

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 23 / 2013

Transaction ID : 36568392

Amount of Each Receipt this Period

91.25

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

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

391.25

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

Use separate schedule(s)
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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 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1670.00

Date of Receipt

10 / 23 / 2013

Transaction ID : 36568395

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

1000.00

Date of Receipt

10 / 23 / 2013

Transaction ID : 36568490

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. 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 ▼

500.00

Date of Receipt

10 / 24 / 2013

Transaction ID : 36568663

Amount of Each Receipt this Period

50.00

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

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

417.00

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 Shira Pipkin

Mailing Address 3587 Buffalo Ave

City

Broomfield

State

CO

Zip Code

80020-9016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2013

Transaction ID : 36568664

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Pierre J Ancil

Mailing Address 12 Garden Dr

City

Colorado Spgs

State

CO

Zip Code

80904-4414

FEC ID number of 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
10 / 24 / 2013

Transaction ID : 36568665

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. 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

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
10 / 24 / 2013

Transaction ID : 36568666

Amount of Each Receipt this Period

50.00

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

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

125.00

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

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for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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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 Eric J Bohjanen

Mailing Address 2145 Academy Cir

City State Zip Code
 Colorado Spgs CO 80909-1658

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
 10 / 24 / 2013

Transaction ID : 36568667

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Dori Carlson

Mailing Address 121 Briggs Ave N

City State Zip Code
 Park River ND 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 ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2013

Transaction ID : 36568670

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr Paul Schroeder

Mailing Address 616 12Th St Sw

City State Zip Code
 Le Mars IA 51031-2265

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 24 / 2013

Transaction ID : 36568674

Amount of Each Receipt this Period

30.00

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

221.67

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 35 OF 81
(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 Steven Thomas Reed

Mailing Address 4550 Simpson Highway 28 W

City State Zip Code
 Magee MS 39111-5187

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 24 2013

Transaction ID : 36568676

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Dr Randall Hoch

Mailing Address 206 Fox Farm Rd

City State Zip Code
 Lewistown MT 59457-8696

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
 10 24 2013

Transaction ID : 36568677

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Edwin Endo

Mailing Address 98-828 HILIU PL

City State Zip Code
 AIEA HI 96701-2785

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y
 10 24 2013

Transaction ID : 36568682

Amount of Each Receipt this Period

41.66

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

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

231.66

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

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

FOR LINE NUMBER: PAGE 36 OF 81

(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 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

916.70

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : 36570290

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Charles Atwell

Mailing Address 238 Chasse Cir

City

St Charles

State

IL

Zip Code

60174-1418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : 36570291

Amount of Each Receipt this Period

42.00

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 ▼

533.30

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 25 / 2013

Transaction ID : 36570292

Amount of Each Receipt this Period

53.33

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

137.00

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

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

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

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(check only one)

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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 Bowen

Mailing Address 2570 Northshore Blvd Ste 200

City

Flower Mound

State

TX

Zip Code

75028-8386

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : 36570293

Amount of Each Receipt this Period

840.00

Full Name (Last, First, Middle Initial)

B. Dr Stacie Layne Virden

Mailing Address 4324 Green Point Dr

City

Waco

State

TX

Zip Code

76710-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.10

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : 36570294

Amount of Each Receipt this Period

909.10

Full Name (Last, First, Middle Initial)

C. Dr Steven Brownmiller

Mailing Address 1004 RIDGE RD

City

DENISON

State

IA

Zip Code

51442-1124

FEC ID number of 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
10 / 25 / 2013

Transaction ID : 36570295

Amount of Each Receipt this Period

125.00

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

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

299.91

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
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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 State Zip Code
 Newmanstown PA 17073-8982

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 25 2013

Transaction ID : 36570297

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Frederick Darin

Mailing Address 405 TIRRELL RD

City State Zip Code
 CHARLOTTE MI 48813-2131

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M M / D D / Y Y Y Y Y
 10 25 2013

Transaction ID : 36570298

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Dr Mamie Cassandra Chan

Mailing Address 13713 Vic Rd NE

City State Zip Code
 Albuquerque NM 87112-6602

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
 10 25 2013

Transaction ID : 36570299

Amount of Each Receipt this Period

50.00

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

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

183.33

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 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : 36570300

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : 36570301

Amount of Each Receipt this Period

833.40

Full Name (Last, First, Middle Initial)

C. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1109.10

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : 36570303

Amount of Each Receipt this Period

90.91

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

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

204.25

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 Darin Lee Paulson

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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 17 / 2013

Transaction ID : 36570308

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Macy Foster

Mailing Address 181 Briarcliff Rd

City
Sweetwater

State
TN

Zip Code
37874-5820

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

10 / 17 / 2013

Transaction ID : 36570312

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas Alan Foster

Mailing Address 181 Briarcliff Rd

City
Sweetwater

State
TN

Zip Code
37874-5820

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

10 / 17 / 2013

Transaction ID : 36570315

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 81

<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 Debra Lee Stoenner

Mailing Address Po Box 8

City

Hayden Lake

State

ID

Zip Code

83835-0008

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 M	/	D D D	/	Y Y Y Y Y Y
10		22		2013

Transaction ID : 36570325

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1272.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2013

Transaction ID : 36570331

Amount of Each Receipt this Period

127.25

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2013

Transaction ID : 36570483

Amount of Each Receipt this Period

41.67

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

668.92

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

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

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

FOR LINE NUMBER: PAGE 42 OF 81
(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 D. Matthew Burchett

Mailing Address 1231 Parkview Way

City State Zip Code
 Richmond KY 40475-3436

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 ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 25 2013

Transaction ID : 36570520

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Dr Greg Caldwell

Mailing Address 225 Terrace Dr

City State Zip Code
 Lilly PA 15938-5819

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y
 10 25 2013

Transaction ID : 36570536

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

C. Dr John Coble

Mailing Address 1501 SUNSET HILL DR

City State Zip Code
 ROCKWALL TX 75087-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.15

Date of Receipt

M M / D D / Y Y Y Y Y
 10 25 2013

Transaction ID : 36570541

Amount of Each Receipt this Period

83.35

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

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

335.02

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

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

FOR LINE NUMBER: PAGE 43 OF 81
(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 S Cook

Mailing Address 6460 Devon Ln

City State Zip Code
 Cadillac MI 49601-9549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 25 2013

Transaction ID : 36570552

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Joe Ernest Ellis

Mailing Address 179 Wood Trce

City State Zip Code
 Benton KY 42025-9400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y
 10 25 2013

Transaction ID : 36570564

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 State Zip Code
 Dalton Gardens ID 83815-9617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 25 2013

Transaction ID : 36570565

Amount of Each Receipt this Period

31.00

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

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

222.67

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

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

FOR LINE NUMBER: PAGE 44 OF 81

(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 Douglas J Walker

Mailing Address Po Box 988

City

Brookings

State

OR

Zip Code

97415-0021

FEC ID number of 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
10 / 26 / 2013

Transaction ID : 36572351

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Tonia Batts

Mailing Address 285 BOCKMAN RD

City

FULTON

State

KY

Zip Code

42041-6537

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2013

Transaction ID : 36572352

Amount of Each Receipt this Period

92.00

Full Name (Last, First, Middle Initial)

c. 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 ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 26 / 2013

Transaction ID : 36572354

Amount of Each Receipt this Period

84.00

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

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

201.00

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)

☒ 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 C. Thomas Crooks III

Mailing Address 1229 Highland Lakes Trl

City State Zip Code
 Birmingham AL 35242-6886

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
 10 27 2013

Transaction ID : 36572366

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Dr Maryjane Healey

Mailing Address 6710 124Th Pl Se

City State Zip Code
 Snohomish WA 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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 27 2013

Transaction ID : 36572367

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr Lillian T Kalaczinski

Mailing Address 7421 Treeline Dr Se

City State Zip Code
 Grand Rapids MI 49546-7465

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
 10 28 2013

Transaction ID : 36572371

Amount of Each Receipt this Period

25.00

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

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

275.00

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

Use separate schedule(s)
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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 Sue Lowe

Mailing Address 1704 Skyline Rd

City State Zip Code
 Laramie WY 82070-8932

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 ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 28 2013

Transaction ID : 36572372

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Peter H Kehoe

Mailing Address 789 N Broad St

City State Zip Code
 Galesburg IL 61401-2766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 28 2013

Transaction ID : 36572373

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

c. Dr Lynn Davis

Mailing Address 6546 JACAL CT NW

City State Zip Code
 ALBUQUERQUE NM 87114-6120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 28 2013

Transaction ID : 36572374

Amount of Each Receipt this Period

83.34

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

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

425.01

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

Use separate schedule(s)
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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 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 ▼

1666.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572376

Amount of Each Receipt this Period

166.67

Full Name (Last, First, Middle Initial)

B. Dr Paul W Bohac

Mailing Address 5775 Wyncliff Rd

City State Zip Code
N Charleston SC 29418-5220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.40

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572378

Amount of Each Receipt this Period

33.34

Full Name (Last, First, Middle Initial)

C. Dr Thomas Lucas JR

Mailing Address 2023 Sandy Point Rd

City State Zip Code
Harker Hts TX 76548-8680

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572379

Amount of Each Receipt this Period

200.00

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

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

400.01

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr Carey Patrick

Mailing Address 970 Patrician Ct

City

Fairview

State

TX

Zip Code

75069-8781

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572380

Amount of Each Receipt this Period

100.00

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 ▼

1680.22

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572381

Amount of Each Receipt this Period

162.00

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 ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572382

Amount of Each Receipt this Period

42.00

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

304.00

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 Timothy A Stafford

Mailing Address 1012 Julius Richardson Rd

City State Zip Code
 Irmo SC 29063-9740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2013

Transaction ID : 36572385

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Steven Leon Haleo

Mailing Address 458 Cranborne Chase

City State Zip Code
 Fort Mill SC 29708-7922

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 ▼

304.20

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2013

Transaction ID : 36572387

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

C. Dr Lanny Duclos JR

Mailing Address 3795 SUN VALLEY DR

City State Zip Code
 GRANTSVILLE UT 84029-8512

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
 10 28 2013

Transaction ID : 36572389

Amount of Each Receipt this Period

50.00

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

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

580.42

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 Craig C Hyre

Mailing Address Po Box 3075

City State Zip Code
 Elkins WV 26241-6075

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2013

Transaction ID : 36572391

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Dr Angela D Irvin

Mailing Address 686 Fines Cir

City State Zip Code
 Sulligent AL 35586-4026

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 ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2013

Transaction ID : 36572392

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

c. Dr Larry E Tope

Mailing Address Po Box 252

City State Zip Code
 Paulding OH 45879-0252

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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2013

Transaction ID : 36572393

Amount of Each Receipt this Period

30.00

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

90.42

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

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

Use separate schedule(s)
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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 Trevor Cleveland

Mailing Address 3726 Robbie St

City State Zip Code
Eugene OR 97404-1996

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 ▼

968.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572394

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. Dr Richard Edlow

Mailing Address 8913 GRIFFIN WAY

City State Zip Code
BALTIMORE MD 21208-1424

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 ▼

834.76

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572396

Amount of Each Receipt this Period

82.64

Full Name (Last, First, Middle Initial)

C. 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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572397

Amount of Each Receipt this Period

200.00

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

449.64

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

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

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

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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 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 ▼

425.01

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572399

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Taya Patzman

Mailing Address 1320 Crestview Ln

City State Zip Code
Bismarck ND 58501-3048

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
10 / 28 / 2013

Transaction ID : 36572400

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Dr Hilaire Pressley

Mailing Address 8635 W Sahara Ave

City State Zip Code
Las Vegas NV 89117-5858

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
10 / 28 / 2013

Transaction ID : 36572401

Amount of Each Receipt this Period

50.00

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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Detailed Summary Page

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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 David M Redman

Mailing Address 795 Foxhill Cir

City State Zip Code
Hollister CA 95023-9747

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 ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572402

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Kevin Gee

Mailing Address 9119 Highway 6 Ste 200

City State Zip Code
Missouri City TX 77459-4876

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1636.86

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572403

Amount of Each Receipt this Period

181.88

Full Name (Last, First, Middle Initial)

c. Dr Deborah Bernay

Mailing Address 1702 RUSTIC OAK LN

City State Zip Code
SEABROOK TX 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 ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572404

Amount of Each Receipt this Period

120.00

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

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

343.55

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

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

FOR LINE NUMBER: PAGE 54 OF 81
(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 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

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572405

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572406

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Dr Ronald Danner

Mailing Address 1111 W Victory Way Ste 110

City

Craig

State

CO

Zip Code

81625-2954

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 ▼

236.25

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572407

Amount of Each Receipt this Period

33.75

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

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

108.75

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 Michael Leslie Weeden

Mailing Address 2701 Gaines Rd

City State Zip Code
 Corinth MS 38834-5929

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2013

Transaction ID : 36572410

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr Harvey B Richman FAAO

Mailing Address 136 Main St

City State Zip Code
 Manasquan NJ 08736-3558

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 ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2013

Transaction ID : 36572412

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Dr J. Gregory Ford

Mailing Address 1623 Hillsboro Ave SE

City State Zip Code
 Grand Rapids MI 49546-9786

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
 10 / 28 / 2013

Transaction ID : 36572566

Amount of Each Receipt this Period

25.00

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

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

266.67

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

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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 Shannon Franklin

Mailing Address 427 Cranberry Ln

City State Zip Code
Crozet VA 22932-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572567

Amount of Each Receipt this Period

55.56

Full Name (Last, First, Middle Initial)

B. Dr Geoffrey Goodfellow

Mailing Address 260 Aspen Dr

City State Zip Code
Beecher IL 60401-5123

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 ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572608

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Dr Robert L Jarrell III

Mailing Address 50 Cedar Hill Rd Ne

City State Zip Code
Albuquerque NM 87122-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572732

Amount of Each Receipt this Period

166.67

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

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

263.90

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

Use separate schedule(s)
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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 Stephen Greene Langsford

Mailing Address 1501 Ebony Dr

City State Zip Code
Oxnard CA 93030-8403

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
10 28 2013

Transaction ID : 36572791

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr Steven Arthur Loomis

Mailing Address 6436 Spotted Fawn Run

City State Zip Code
Littleton CO 80125-9055

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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 28 2013

Transaction ID : 36572831

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr David Edward Magnus

Mailing Address Po Box 2144

City State Zip Code
Corrales NM 87048-2144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 28 2013

Transaction ID : 36572833

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 58 OF 81
(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 Harue Jean Marsden

Mailing Address 1445 Prospect Ave Unit D

City State Zip Code
 Placentia CA 92870-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1874.80

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2013

Transaction ID : 36572854

Amount of Each Receipt this Period

125.20

Full Name (Last, First, Middle Initial)

B. Dr Mitchell Todd Munson

Mailing Address 9940 ASHLEIGH WAY

City State Zip Code
 HIGHLANDS RANCH CO 80126-4244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1669.40

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2013

Transaction ID : 36572948

Amount of Each Receipt this Period

166.94

Full Name (Last, First, Middle Initial)

C. Dr Clarke Newman

Mailing Address 3311 Throckmorton St.
 Apt A4

City State Zip Code
 Dallas TX 75219-3663

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 ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2013

Transaction ID : 36572949

Amount of Each Receipt this Period

250.00

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

542.14

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 59 OF 81

(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 Curtis Ono

Mailing Address 822 W Barrett St

City
SeattleState
WAZip Code
98119-1829FEC 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 ▼

1002.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572951

Amount of Each Receipt this Period

167.00

Full Name (Last, First, Middle Initial)

B. Dr David Parker

Mailing Address 4889 Bobo Pl

City

Olive Branch

State

MS

Zip Code

38654-8223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572971

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2013

Transaction ID : 36572972

Amount of Each Receipt this Period

45.00

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

253.67

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

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

Use separate schedule(s)
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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 Jennifer L Planitz

Mailing Address 3537 Newcastle Dr Se

City State Zip Code
 Rio Rancho NM 87124-3672

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3181.50

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2013

Transaction ID : 36572973

Amount of Each Receipt this Period

454.50

Full Name (Last, First, Middle Initial)

B. Dr David Morgret

Mailing Address PO Box 1668

City State Zip Code
 Decatur IL 62525-1668

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2013

Transaction ID : 36577802

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

C. Dr Michael Nichols

Mailing Address 3910 Foxcreek Way

City State Zip Code
 Columbia MO 65203-8855

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 29 2013

Transaction ID : 36577812

Amount of Each Receipt this Period

100.00

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

794.50

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
Detailed Summary Page

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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 William Thomas Reynolds Jr

Mailing Address 200 La Rose Ct

City State Zip Code
 Richmond KY 40475-7855

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 ▼

1506.56

Date of Receipt

M M / D D / Y Y Y Y Y
 10 29 2013

Transaction ID : 36577814

Amount of Each Receipt this Period

164.51

Full Name (Last, First, Middle Initial)

B. Dr Wayne Cannon

Mailing Address 141 HILTON VIEW DR

City State Zip Code
 CHAPIN SC 29036-7627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 25 2013

Transaction ID : 36577816

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr Peili Lin

Mailing Address 1336 Laukahi St

City State Zip Code
 Honolulu HI 96821-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 25 2013

Transaction ID : 36577817

Amount of Each Receipt this Period

200.00

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

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

1364.51

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

Use separate schedule(s)
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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 Timothy D Johnson

Mailing Address Po Box 517

City

Bellows Falls

State

VT

Zip Code

05101-0517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : 36577818

Amount of Each Receipt this Period

205.00

Full Name (Last, First, Middle Initial)

B. Dr Jerry Pederson

Mailing Address 2098 GREEN OAKS DR

City

GREENWOOD VILLAGE

State

CO

Zip Code

80121-1541

FEC ID number of 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
10 / 25 / 2013

Transaction ID : 36577819

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Thomas J Marino

Mailing Address 222 Point Ct

City

Lawrenceville

State

NJ

Zip Code

08648-2864

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : 36577820

Amount of Each Receipt this Period

365.00

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

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

820.00

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 Rosiland Y Hursh

Mailing Address 6905 Sw 7Th Ave

City

Portland

State

OR

Zip Code

97219-2103

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
 10 / 25 / 2013

Transaction ID : 36577821

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Mike M Sandy

Mailing Address 3054 Green Fairway Cv S

City

Collierville

State

TN

Zip Code

38017-8922

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
 10 / 25 / 2013

Transaction ID : 36577822

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Alison C Rosenberg

Mailing Address 501 S Arriba Dr

City

Pueblo West

State

CO

Zip Code

81007-3290

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
 10 / 25 / 2013

Transaction ID : 36577823

Amount of Each Receipt this Period

500.00

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

1500.00

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

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

Use separate schedule(s)
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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 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 ▼

792.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2013

Transaction ID : 36577831

Amount of Each Receipt this Period

88.00

Full Name (Last, First, Middle Initial)

B. Dr Donald Shute

Mailing Address 809 N 49th Ct

City

Yakima

State

WA

Zip Code

98908-2517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2013

Transaction ID : 36579942

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

c. Dr Paul Zerbinopoulos

Mailing Address 22 Carrie Ln

City

N Kingstown

State

RI

Zip Code

02852-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.20

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2013

Transaction ID : 36579967

Amount of Each Receipt this Period

30.42

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

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

148.42

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

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

FOR LINE NUMBER: PAGE 65 OF 81
(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 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

10 / 29 / 2013

Transaction ID : 36579968

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Dr Jared Walker

Mailing Address 609 Diamond Dr

City Kimberly State ID Zip Code 83341-1938

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

10 / 29 / 2013

Transaction ID : 36579969

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. 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

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

10 / 29 / 2013

Transaction ID : 36580285

Amount of Each Receipt this Period

35.00

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

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

106.67

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 Michelle A Broderick

Mailing Address 7 Broad Sound Ln

City

Freeport

State

ME

Zip Code

04032-6297

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 ▼

192.00

Date of Receipt

10 / 29 / 2013

Transaction ID : 36580292

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

B. 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 ▼

600.00

Date of Receipt

10 / 25 / 2013

Transaction ID : 36580591

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr Rodney Nowakowski

Mailing Address 2016 Hawthorne Ln

City

Birmingham

State

AL

Zip Code

35244-1501

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

10 / 25 / 2013

Transaction ID : 36580688

Amount of Each Receipt this Period

400.00

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

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

532.00

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 67 OF 81

☒ 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 Rand William Siekert

Mailing Address 6800 N Montezuma Dr

City

Tucson

State

AZ

Zip Code

85718-2432

FEC ID number of 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

10 / 30 / 2013

Transaction ID : 36581034

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Dr Steve Nguyen

Mailing Address 7417 PRIMROSE DR

City

IRVING

State

TX

Zip Code

75063-5507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 31 / 2013

Transaction ID : 36582123

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dr Elissa Maria Contillo

Mailing Address 98 Tuckertown Rd

City

S Kingstown

State

RI

Zip Code

02879-2703

FEC ID number of 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

10 / 29 / 2013

Transaction ID : 36582338

Amount of Each Receipt this Period

100.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 68 OF 81
(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 Michelle A Broderick

Mailing Address 7 Broad Sound Ln

City

Freeport

State

ME

Zip Code

04032-6297

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 ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 29 / 2013

Transaction ID : 36582339

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

B. Dr Christopher Carpenter

Mailing Address 916 W Chandler Blvd Ste 1

City

Chandler

State

AZ

Zip Code

85225-2514

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 ▼

210.90

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2013

Transaction ID : 36582454

Amount of Each Receipt this Period

210.90

Full Name (Last, First, Middle Initial)

C. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 31 / 2013

Transaction ID : 36582455

Amount of Each Receipt this Period

25.00

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

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

267.90

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

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

FOR LINE NUMBER:
(check only one)

PAGE 69 OF 81

☒ 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 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 ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2013

Transaction ID : 36582465

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dr Yvonne Kneisley

Mailing Address 4707 Weatherhill Dr

City

Wilmington

State

DE

Zip Code

19808-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2013

Transaction ID : 36583611

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Dr Samuel P Shippee

Mailing Address 654 Penny Ln

City

Danville

State

VT

Zip Code

05828-6804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self Employed

Occupation

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2013

Transaction ID : 36583615

Amount of Each Receipt this Period

1000.00

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

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

1525.00

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 70 OF 81

☒ 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 Caban

Mailing Address 50 Hawk Dr

City State Zip Code
 Bedford NH 03110-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 31 2013

Transaction ID : 36583616

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dr Travis J Shelton

Mailing Address Po Box 238

City State Zip Code
 Lyman WY 82937-0238

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
 10 31 2013

Transaction ID : 36583620

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Frederic Banser

Mailing Address 646 S ASHLAND AVE

City State Zip Code
 LA GRANGE IL 60525-2813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self Employed

Doctor of Optometry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 31 2013

Transaction ID : 36583624

Amount of Each Receipt this Period

240.00

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

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

1490.00

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

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

FOR LINE NUMBER: PAGE 71 OF 81
(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 George Kenneth Johnson

Mailing Address 3025 W Beverly Ln

City

Phoenix

State

AZ

Zip Code

85053-3050

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2013

Transaction ID : 36583626

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr Sherri Egashira

Mailing Address 16091 AGATEWOOD RD NE

City

BAINBRIDGE IS

State

WA

Zip Code

98110-1062

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
10 / 31 / 2013

Transaction ID : 36583627

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr Richard L Windsor

Mailing Address 110 E Hickory Grove Rd

City

Hartford City

State

IN

Zip Code

47348-1007

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
10 / 31 / 2013

Transaction ID : 36583632

Amount of Each Receipt this Period

240.00

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

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

855.00

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

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

FOR LINE NUMBER: PAGE 72 OF 81

(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 Van L Vo

Mailing Address 4845 Gramercy Oaks Dr
Apt 416City State Zip Code
Dallas TX 75287-5372FEC 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 ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 04 2013

Transaction ID : 36643163

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totalling \$100.00 This
changes the YTD Total to \$100.00

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

0.00

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

37519.49

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

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

FOR LINE NUMBER: PAGE 73 OF 81
(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. Bank of America

Mailing Address PO Box 790251

City
St. Louis

State
MO

Zip Code
63179

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.97

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 31 / 2013

Transaction ID : 36608595

Amount of Each Receipt this Period

19.42

Bank Interest

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / 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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / 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)..... ►

19.42

19.42

<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

Three 10-pin D-sub connectors are shown side-by-side. The first connector is labeled '10' and has two pins labeled 'M'. The second connector is labeled '11' and has two pins labeled 'D'. The third connector is labeled '2013' and has four pins labeled 'Y'.

909.45

Age Group	Percentage
18-24	162.03
25-34	~100
35-44	~80
45-54	~60
55-64	~40
65-74	~20
75-84	~10
85+	~5

92.94

1164.42

FEC Schedule B (Form 3X) Rev. 02/2003

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

PAGE 75 OF 81

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

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NAME OF COMMITTEE (In Full)

American Optometric Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 790251

City	State	Zip Code
St. Louis	MO	63179

Purpose of Disbursement
Visa/Master Card Fees

001

Candidate Name

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

Disbursement For:	<input 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 Y
10		01		2013

Transaction ID : 36608588

Amount of Each Disbursement this Period

608.86

Visa/Master Card Fees

B.

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Category/
Type

Candidate Name

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

Disbursement For:	<input 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 Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

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

Purpose of Disbursement

Category/
Type

Candidate Name

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

Disbursement For:	<input 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 Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

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

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

608.86
1773.28

**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 76 OF 81

<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

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. Billy Long For Congress

Mailing Address 3246 E. Ridgeview Street

City	State	Zip Code
Springfield	MO	65804

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Billy LongOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2013

Transaction ID : 36501661

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Lee Terry For Congress

Mailing Address PO Box 540098

City	State	Zip Code
Omaha	NE	68154

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Lee TerryOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2013

Transaction ID : 36501662

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Kansans For Huelskamp

Mailing Address PO Box 410

City	State	Zip Code
Fowler	KS	67844

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Tim HuelskampOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2013

Transaction ID : 36501890

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)..... ►

7000.00

--

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

PAGE 77 OF 81

<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

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. CANDICE-PAC

Mailing Address PO Box 65796

City
WashingtonState
DCZip Code
20035Purpose of Disbursement
Committee Contribution

011

Candidate Name

CANDICE-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 Y
10		03		2013

Transaction ID : 36501892

Amount of Each Disbursement this Period

2500.00

Committee Contribution

Full Name (Last, First, Middle Initial)

B. Pete Sessions For Congress

Mailing Address PO Box 823047

City
DallasState
TXZip Code
75382Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Pete Sessions

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: TX

District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2013

Transaction ID : 36513520

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. ERIC PAC - Every Republican is Crucial PACMailing Address 4914 Fitzhugh Avenue
Suite 200City
RichmondState
VAZip Code
23230Purpose of Disbursement
Committee Contribution

011

Candidate Name

ERIC PAC - Every Republican is Crucial 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 Y
10		16		2013

Transaction ID : 36545824

Amount of Each Disbursement this Period

5000.00

Committee Contribution

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

8500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse 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. Tim Ryan For Congress

Mailing Address 1600 Roosevelt Avenue

City Niles	State OH	Zip Code 44446
---------------	-------------	-------------------

Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Timothy J. RyanOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2013

Transaction ID : 36546642

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Fitzpatrick For Congress

Mailing Address 115 N Broad Street

City Doylestown	State PA	Zip Code 18901
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Purpose of Disbursement
Candidate Contribution

Candidate Name

Mr. Michael FitzpatrickOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2013

Transaction ID : 36548334

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Reed Committee

Mailing Address PO Box 8628

City Cranston	State RI	Zip Code 02920
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Purpose of Disbursement
Candidate Contribution

Candidate Name

Sen. Jack Francis ReedOffice Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2013

Transaction ID : 36568411

Amount of Each Disbursement this Period

3000.00

Candidate Contribution

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

6000.00

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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. The Congressman Joe Barton Committee

Mailing Address P.O. Box 1444

City	State	Zip Code
Ennis	TX	75120

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Joe L. BartonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2013

Transaction ID : 36568458

Amount of Each Disbursement this Period

2500.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Boehner For Speaker

Mailing Address 320 First St., SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Committee Contribution

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2013

Transaction ID : 36568459

Amount of Each Disbursement this Period

5000.00

Committee Contribution

Full Name (Last, First, Middle Initial)

C. Bill Foster For Congress

Mailing Address P.O. Box 9104

City	State	Zip Code
Aurora	IL	60598

Purpose of Disbursement
Candidate Contribution

011

Candidate Name

Rep. Bill FosterCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2013

Transaction ID : 36568460

Amount of Each Disbursement this Period

4000.00

Candidate Contribution

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

11500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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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. Bill Foster For Congress

Mailing Address P.O. Box 9104

City Aurora	State IL	Zip Code 60598
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Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Bill FosterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2013

Transaction ID : 36568461

Amount of Each Disbursement this Period

1000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

B. Walden For Congress

Mailing Address PO Box 1091

City Hood River	State OR	Zip Code 97031
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Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Greg P. WaldenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2013

Transaction ID : 36572440

Amount of Each Disbursement this Period

2000.00

Candidate Contribution

Full Name (Last, First, Middle Initial)

C. Cantor For Congress

Mailing Address PO Box 17813

City Richmond	State VA	Zip Code 23226
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Purpose of Disbursement
Candidate Contribution

Candidate Name

Rep. Eric I. CantorOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2013

Transaction ID : 36572441

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).....▶

8000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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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 Jim Bridenstine Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

Mailing Address Pmb 230
8086 South Yale

City Tulsa State OK Zip Code 74136

Purpose of Disbursement
Candidate Contribution

011

Transaction ID : 36582018

Amount of Each Disbursement this Period

5000.00

Candidate Name

Rep. Jim BridenstineCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: OK District: 01

Candidate Contribution

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

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Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

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Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

5000.00

46000.00